5
301.435
W8sn

STATE DOCUMENTS
NOV 14 1974

SURVEY OF NEEDS OF PERSONS AGE 60 AND OVER IN FIVE RURAL COUNTIES OF NORTHEASTERN MONTANA (Daniels, Phillips, Roosevelt, Sheridan and Valley)

Specific Needs Addressed:

Transportation

Housing

Health

Nutrition

State of Montana
Department of Social and Rehabilitation Services
Social Service Agency

Judy Myllymaki
Research Analyst

John Wiley
Research Assistan

MONTANA STATE LIBRARY
930 East Lyndale Avenue
Helena, Montana 59601

MONTANA STATE LIBRARY
S 301.435 W8sn c.1 Myllymaki
Survey of needs of persons age 60 and ov
3 0864 00025028 5

DATE DUE

MSC APR 1 4 1976					
MSC OCT 31'79					
MST MAY 13'81					
JUN 2 9 1983					

S/301.435/W8s
Montana. Dept. of Social and Rehabilitation Services. Social Service Agency.
Survey of persons age 60 and over in five rural counties of Northeastern Montana. 1974.

STATE DOCUMENTS

MONTANA STATE LIBRARY
930 East Lyndale Avenue
Helena, Montana 59601

This research and publication was made possible by grant number 11-P-57183/8-01 from 1115 Special Projects and the office of Research and Demonstration of the Social and Rehabilitation Service, U.S. Department of Health, Education and Welfare.

CONTENTS

		Page
LIST OF TABLES		iv
ACKNOWLEDGEMENTS		x
PREFACE		xiii
A	INTRODUCTION	1
	The Setting	2
B	DEMOGRAPHIC OVERVIEW OF THE FIVE-COUNTY AREA	5
C	A GUIDE TO UNDERSTANDING THE PROCEDURES USED AND PRESENTATION OF THE DATA	13
	Sampling Technic	13
	The Interpretation of Tables	13
	The Concept of Causality	16
D	SURVEY OF MAJOR INDEPENDENT VARIABLES	19
E	HOUSING	33
	APPENDIX E (Reference tables containing Housing data for each county)	53
F	TRANSPORTATION	64
	APPENDIX F (Reference tables containing Transportation data for each county)	80
G	HEALTH	87
	APPENDIX G (Reference tables containing Health data for each county)	109
H	NUTRITION	120
	APPENDIX H (Reference tables containing Nutrition data for each county)	134

TABLES

		Page
B- 1	Composition of Five-County Population - 1970.....	9
B- 2	Age Distributions by Sex and County, 1970.....	10
B- 3	Select Age Distributions for Montana, 1960 and 1970.....	11
B- 4	Population Pyramid.....	12
C- 1	Marital Status of Respondents in Roosevelt County.....	14
C- 2	Comparison of: Do you have any chronic health problems? with Do you have enough savings to cover an emergency or illness....	15
C- 3	Comparison of: Do you eat a good diet of food? with Sex.....	18
D- 1	Age Distribution of Respondents by County.....	20
D- 2	Comparison of Age Distribution in Sample Population and Total Population.....	21
D- 3	Sex Distribution of Respondents by County.....	21
D- 4	Comparison of Sex Distribution in Sample Population and Total Population.....	22
D- 5	Comparison of: Sex with Marital Status.....	23
D- 6	Comparison of: Marital Status with Age.....	23
D- 7	Comparison of: Sex with Age.....	24
D- 8	Total Number in Household by County.....	25
D- 9	Comparison of: Total Number in Household with Sex.....	25
D-10	Persons Per Household by Age.....	26
D-11	Educational Attainment of Respondents by County.....	26
D-12	Housing Ownership Status by County.....	27
D-13	Employment-Retirement Status of Respondents by County.....	28
D-14	Total Family Income, 1971.....	29
D-15	Comparison of: Income with Age.....	30
D-16	Comparison of: Income with Sex.....	30
D-17	Comparison of: Income with Marital Status.....	31

TABLES (continued)

		Page
D-18	Comparison of: Income with Total Number in Household.....	31
E- 1	Type of Dwelling Unit and Conveniences.....	34
E- 2	Ownership Status and Housing Payment.....	35
E- 3	Comparison of: How well does your income and assets satisfy your needs? with Do you own or rent this unit?.....	36
E- 4	Total number in household.....	37
E- 5	Housing Problems.....	37
E- 6	Satisfaction with housing.....	38
E- 7	Comparison of: Satisfaction with housing with Marital Status..	39
E- 8	Comparison of: Are you satisfied with your housing? with How well do your income and assets satisfy your needs?.....	40
E- 9	Comparison of: Time when housing might become a problem with Are you satisfied with your housing?.....	40
E-10	Comparison of: Time when housing might become a problem with Total number in houshold.....	41
E-11	Comparison of: Time when housing might become a problem with Marital Status.....	41
E-12	Consideration of Moving.....	42
E-13	Comparison of: Have you ever considered moving? with Are you satisfied with your housing?.....	44
E-14	Comparison of: Have you ever considered moving? with Time when housing might become a problem?.....	44
E-15	Comparison of: Would you like help with better housing? with Have you ever considered moving?.....	45
E-16	Comparison of: Have you ever considered moving? with Age.....	45
E-17	Comparison of: Have you ever considered moving? with Marital Status.....	46
E-18	Comparison of: Have you ever considered moving? with How well does your income and assets satisfy your needs?.....	47
E-19	Housing Plans.....	47

TABLES (continued)

		Page
E-20	Type of housing preferred	48
E-21	Comparison of: Housing Preferences with Marital Status	49
F- 1	Do You Own or Drive a Car?	65
F- 2	Comparison of: Do you own and drive a car? with Age	66
F- 3	Comparison of: Do you own and drive a car? with Sex	66
F- 4	Comparison of: Do you own or drive a car? with Marital Status.	66
F- 5	Comparison of: Do you own or drive a car? with Total number in household	67
F- 6	Comparison of: Do you own or drive a car? with How has your health been recently?	68
F- 7	Comparison of: Do you own or drive a car? with Do you have any problems getting around the house?	68
F- 8	Comparison of: Do you own and drive a car? with How well does your income and your assets satisfy your needs?	69
F- 9	Convenience Getting to Services	71
F-10	Would You Like Transportation Related Help?	72
F-11	Comparison of: Would you like help with transportation? with Age	73
F-12	Comparison of: Would you like help with transportation? with Sex	73
F-13	Comparison of: Would you like help with transportation? with Marital Status	74
F-14	Comparison of: Total number in household with Would you like help with transportation?	74
F-15	Comparison of: Would you like help with transportation? with Do you have problems getting around the house?	75
F-16	Comparison of: Would you like help with transportation? with How well does your income and your assets satisfy your needs?	76
F-17	Comparison of: Do you own and drive a car? with Is it convenient for you to go to your doctor or clinic?	77
F-18	Comparison of: Is it convenient for you to go to your doctor or clinic? with How has your health been recently?	78

TABLES (continued)

		Page
F-19	Comparison of: Is it convenient for you to go to your doctor or clinic? with Total number in household.....	78
G- 1	Chronic Health Problems, Physical Problems or Handicaps in the Sample Population.....	88
G- 2	Relationship of health problems to activities.....	89
G- 3	Influence of health problems on the lives of the elderly.....	91
G- 4	Comparison of: Do you have any chronic health problems? with Age.....	92
G- 5	Comparison of: Do you have any chronic health problems? with Sex.....	93
G- 6	Comparison of: Do you have any chronic health problems? with Marital Status.....	93
G- 7	Is there Anything about Your Health that You Feel is not Being Taken Care of Properly for any Reasons?.....	94
G- 8	Convenience and Barriers of Getting to Medical Services.....	95
G- 9	Comparison of: Do you have any chronic health problems? with Convenient to go to Dr. or clinic?.....	97
G-10	Comparison of: Convenient to go to doctor or clinic with How has your health been recently?.....	97
G-11	Comparison of: Have you had a medical checkup in the last year? with Are you able to go to the doctor or dentist as often as you would like to?.....	98
G-12	Comparison of: Convenient to go to doctor or clinic with Sex..	99
G-13	Comparison of: Convenient to go to doctor or clinic with Marital Status.....	100
G-14	Comparison of: Convenient to go to doctor or clinic with Total number in household.....	100
G-15	Summary of Medical Checkups.....	101
G-16	Relationship of level of income with frequency of visits to the doctor.....	10
G-17	Distribution of: Is it necessary for you to buy prescription drugs on a regular basis?.....	103

TABLES (continued)

		Page
G-18	Comparison of: Convenient to go to doctor or clinic with How well do your income and assets satisfy your needs?.....	104
G-19	Comparison of: Do you have enough savings to cover an emergency or illness? with Convenient to go to doctor or clinic.....	104
G-20	Comparison of: Would you visit your doctor more often if you had more money? with Are you able to go to your doctor or dentist as often as you would like to?.....	105
G-21	Comparison of: Do you have any chronic health problems? with How well do your income and your assets satisfy your needs?....	106
G-22	Comparison of: Do you have any chronic health problems? with Do you have enough savings to cover an emergency or illness?...	106
G-23	Comparison of: Would you visit your doctor more often if you had more money? with Do you have any chronic health problems?..	107
H- 1	Types of Food Eaten and Dietary Judgement.....	121
H- 2	Comparison of: Did you eat eggs yesterday? with Do you feel you eat a good diet of food?.....	122
H- 3	Comparison of: Did you eat bread or cereal products yesterday? with Do you feel you eat a good diet of food?.....	122
H- 4	Comparison of: Did you eat green vegetables yesterday? with Do you feel you eat a good diet of food?.....	123
H- 5	Comparison of: Did you eat milk, cheese, or other dairy products yesterday? with Do you feel you eat a good diet of food?.	123
H- 6	Comparison of: Did you eat meat or fish yesterday? with Do you feel you eat a good diet of food?.....	123
H- 7	Comparison of: Did you eat fruit yesterday? with Do you feel you eat a good diet of food?.....	124
H- 8	Distribution of Responses on Nutrition Related Questions.....	126
H- 9	Interest in participating in a hot meals program.....	127
H-10	Comparison of: Interested in participating in a hot meal program with Marital Status.....	128
H-11	Comparison of: Would you be interested in participating in a hot meal program? with Total number in household.....	128
H-12	Comparison of: Interested in participating in a hot meal program with Is it convenient for you to shop?.....	129

TABLES (continued)

Page

H-13 Comparison of: Interested in participating in a hot meal program with Would you like help in shopping?..... 130

H-14 Comparison of: Hot meal with Would you like store delivery?... 130

H-15 Comparison of: Hot meal with Do your income and assets satisfy your needs?..... 131

ACKNOWLEDGEMENTS

The mention of every person who was involved in this research undertaking is impossible, but there are a number who deserve special acknowledgement and gratitude for their various contributions. This research as a part of an on-going social service program was in itself an experiment. It was begun at a time when and within an organization which looked upon research with some suspicion. Without the support of Mr. Ted Carkulis, Director of the Department of Social and Rehabilitation Services, and my supervisor, Mr. William Welsh, Project Director, this study would never have been undertaken. To Ms. Gertrude Davis, Director of Social Services, are extended special thanks for her daily support of the on-line research, her participation in the community panel discussions, and her overall patience with the process.

Professor Hugo Tureck, Department of Sociology, Montana State University, performed valuable contributions in chairing the community panel discussions, aiding in the general study design, and criticizing the final analysis.

There are those whose participation and time should be collectively acknowledged. The following local and non-local interviewers who readily trained in interview technics did a proficient job of collecting the survey information: Mrs. Meriel Foster, Mary Ellen Navratil, Jerry Navratil, Steve Weimann, Ernest DeSonia, Ramona Ator, Wanda Sem, Jim Murray, Lianne Halvorson, M. Jean Halverson, LaVerna Bucholz, and Karen Keyes.

Particular appreciation goes to Mrs. Kathy Murray, a graduate sociologist who "set the pace" in the field operations and supervised part of the field operations, to Mrs. Leota Hoye and Rosella Cookson for their many hours of tireless work and moral support, to Cynthia Johnson for her hours

of work and particular contribution of interviewing Sioux respondents in their own language, and Jonny B. Stiffarm for her contribution of interviewing Assiniboine respondents in their own language. Mary Ginther and Larry Virts competently contributed not only the major portion of tedious coding but coordinated other coders. Other coders who gave willingly of their time were: Evelyn Whitson, Paul Rebich, Suzanne Saltiel, Brian Evans and Marguerite Shore.

Gratitude is extended to Dr. Del Samson, Chairman, Department of Sociology, Montana State University, Bozeman, Montana, for use of space in the sociology department for data analysis and the use of the computer terminal.

Special recognition is extended to the patience and proficiency and technical expertise of the research unit typist, Mrs. Bobbye Gangstad, who waded through multiple rough drafts, scratches and scribbles to produce the final copy.

Mr. John Wiley, Research Assistant, performed much of the computer processing and basic analysis of the data. To a great extent his thoughts and efforts are reflected throughout the report.

To the residents of the five-county area is extended sincere appreciation for their time and efforts spent in various operations of the study. Special thanks is extended to those persons who took the time to answer the survey questions which may have seemed irrelevant or personal. It is hoped that the utilization of this report will justify some of your time and efforts. Much of the data has already been utilized in rough draft form to document the need for programs before this final copy.

The many persons contributing to the report are in no way responsible

for its errors or omissions; these are solely the responsibility of the author.

Judy D. Myllymaki

Judy Myllymaki
Research Analyst
State of Montana
Social Service Agency

June, 1974

PREFACE

It is with great fear that this researcher speaks of the elderly or aged or makes recommendations for their aid. These people are fierce and independent and do not belong in just one "old" category. They are now as individual and spirited as the pioneers, which they are, ever were. Should programs be undertaken without their participation, or with any attitude of arrogance or "welfarism," they will not participate. Only when those people who must use the facilities or programs developed can say, "I want this," not "They should want this," will the programs be of benefit and be utilized to the fullest extent.

Judy Myllymaki
Research Analyst

INTRODUCTION

During 1971, the five northeastern counties of Montana, Phillips, Valley, Roosevelt, Sheridan and Daniels, were the target area for a federally funded project entitled Montana's Rural Social Service Delivery System. This Project was charged with developing a delivery system for services in a rural area for anyone regardless of income. It was to identify and develop the services expressed as needed in the area. It was immediately brought to the attention of the Social Service Agency by residents of the communities and other agencies that there were many unmet needs within the elderly population. In order to identify the type of need and the extent of the need, the research unit of the State of Montana Social Service Agency undertook the task of a needs assessment of the population age 60 and over. The first part of the study consisted of panel discussions concerning the "Problems and Conditions of the Elderly" in each of the five counties. The panels were conducted by Professor Hugo Tureck, Research Consultant and Professor of Sociology, Montana State University, Bozeman, with Ms. Gertrude Davis, Director of Social Services, and Ms. Judy Myllymaki, Social Service Agency Research Analyst, as participants. (Mr. John Farber, Social Service Agency Unit Service Manager for the Counties of Phillips and Valley, participated in the panels for those Counties.) The concerns outlined by the communities were then utilized to design a survey schedule. The information collected in this survey was intended to serve several purposes. It was to give "hard data" to provide a direction for planning Social Service Agency services, to be available for use by the communities in their planning efforts, and to provide baseline data for evaluation of the Social Service Agency's effectiveness.

The Setting

In order to understand the implications of the data, one must understand something of the area under study and its people. Phillips, Valley, Sheridan, Daniels, and Roosevelt Counties constitute a land mass of 15,709 square miles. This land mass is comparable to the size of the States of New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New Jersey, Maryland, and Hawaii. The type of land has dictated its history. The history of this area is very short. Only in the last century has this land been settled. In the beginning the Indians adapted to the arid grasslands by roving and following the trails of the buffalo. When the white settlers appeared, they began to stake out small homesteads. With the advent of technology and mechanized farming, the smallest homesteads suffered and died and grew into large (i.e., several thousand acres) domains of wheat and cattle ranches. Because it takes many acres of the arid land to support agricultural production, land is an important criteria for survival. Today the eastern part of the district supports primarily large dryland wheat farms; the central part is a mixture of cattle ranching and wheat farming, and the western extreme of the district supports primarily cattle production. (In the latter section, a large amount of public land allowable for grazing under the Bureau of Land Management makes the cost of raising livestock more feasible.)

The people who live here, in Northeastern Montana, are characterized by their great variety. Because the frontier was conquered here less than a hundred years ago, the spirit that withstood the elements and embraced the fantastic technological change of the last century still kindles warmer here than in earlier settled sections. Independence, education, self-determination and grass-roots ideals still prevail.

The land is still dictating history as it has for centuries past. The area is characterized by lonely vestiges of early homesteads. One can travel

for 50 miles and see only creatures. The average population densities range from 1.0 to 4.3 persons per square mile. According to the 1970 Census, the largest population center, Glasgow, claims a population of 4,700; Wolf Point, the largest town of the Fort Peck Indian Reservation, has 3,095. Malta and Plentywood claim populations in the 2,000's. Town sizes then drop rapidly to the lower one hundreds. Vacant windows and store fronts stand as near ghost towns. The present out-migration is not expected to decrease. The nearest city classified as "urban", Great Falls, is 270 miles away.

Agriculture is the primary economic base. Glasgow Air Force Base, perhaps best described as a "political football," brings federal financial support into the area. The only present potential for economic change lies in the development of oil deposit claims which are being explored in Phillips County.

To cope with these conditions becomes impossible for many who have to make a living. Thus, there is an out-migration, i.e., people leave the area to go to other areas where jobs are available. It must be remembered that this migration is selective, i.e., those who leave the area are those of working age. Those who are left are either the very young or very old. Table B-4, page 12, the population pyramid of the five-county area demonstrates in graphic form the consequences of this process. If the population were normally distributed, the graph in Table B-4 would assume the dimensions of a pyramid (see inset in Table B-4). In that the population distribution of the five-county area does not fit the normal population pyramid, i.e., the inset, we refer to that deviation as skewed, or different than a population under ideal conditions. The total population of the five-county area contains a disproportionately large number of persons in the 10-20 year old age group, a disproportionately small number of persons in the 20-40 year old age group, and a disproportionately large number of persons over age 50.

The historical development of this phenomena has left the area and its people facing certain unique problems. As the families have left the area, especially the smallest of towns, they have left behind parents and grandparents relatively socially isolated from their kin and physically isolated not only from their kin but often from friends and needed services. This, coupled with poverty line incomes and the complexities of the aging years, has set the area in need of many new and/or extended services and facilities. More critically, the declining, smaller working population is the population responsible for the financing, through taxes, property, personal income, etc., of the needed services and facilities.

Recognizing the above conditions, this report is submitted with the hope that the figures available will allow wise use of the existing resources and provide needed data for obtaining State and federal financial support.

DEMOGRAPHIC OVERVIEW OF THE FIVE-COUNTY AREA

Before proceeding to an analysis of the social and economic characteristics of the sample population, a broad demographic perspective of the counties is presented using figures derived from the U.S. Bureau of the Census. Such an approach has a twofold function. It (1) provides a broad picture of current and past age distributions in and across the counties with a focus on the 65+ population, and (2) is useful in making predictions about future age compositions in each of the counties.

In 1960 the State had a total population (all ages) of 674,767 individuals with 9.7% or 65,420 people in the 65 and older age bracket.[1] In 1970 the total population increased to 694,409 while the 65+ population grew to 68,736 or constituted 9.9% of the State's total population.[2] In this ten year period, Montana's population increased by 2.9% while the 65 and older population increased by 5.1%. This trend toward an increase in the aged as a percentage of the total population is also reflected in the changing age distributions from 1960 to 1970 in the five-county area.

In 1960 the five-county area had a total population of 45,078 individuals with 9.4% or 4,221 people in the 65 and older age bracket. (See Table B-1) Yet, in 1970 the area's total population declined to 36,084 with a subsequent decline in the 65+ population to 3,834 people. In 1970 the 65 and older population in the five-county area constituted 10.6% of the area's total population. The relative increase in the number of aged as percentage of the area's total population in this period is also demonstrated by examining the

---

[1] 1960 Census of Population, Characteristics of the Population, Montana, Vol. I, Part 28, p. 19, U.S. Dept. of Commerce, Bureau of the Census

[2] 1970 Census of Population, General Population Characteristics, Montana, Vol. I, Part 28, p. 31, U.S. Dept. of Commerce, Bureau of the Census

percentage decreases from 1960 to 1970 of both the total population and the 65+ population. The total population in the five-county area declined by 19.9% while the number of individuals 65+ declined by a smaller figure of 9.2%. The greatest losses in county total population were suffered in Valley County (-32.8%) and Daniels County (-17.8%). While all of the counties (with the exception of Daniels County) also lost individuals in the 65 and older age bracket, it is important to remember that the percentile decline was less than that of the counties' total population in the ten year period. Thus, the elderly in the area are, through time, coming to comprise an ever increasing percentage of the area's total population.[3]

This relative increase in the number of elderly in the area serves to provide insight into a phenomena affecting most of the rural areas in the country. Simply, due to changing economic conditions in rural areas affecting employment opportunities for the young, coupled with differential birth rates in the past and a move toward urban living, these rural areas are comprised of a substantial percentage of elderly. (The fact that the five-county area suffered a -28.6% net migration rate between 1960 and 1970 illustrates the out-migration of working age individuals leaving the area due to poor job opportunities.)

The increasing percentage of elderly in the area is further illustrated in Table B-2. Between 1960 and 1970, there was a decline in the number of aged in the 65-74 age group. In Phillips, Roosevelt, Sheridan and Valley Counties this decline is particularly noticeable. However, in the 50-64 age group and the 75+ age group there has been a substantial increase in the number of individuals in the age bracket which far exceeds the percentage growth

---

[3] 1960 Census of Population, Characteristics of the Population, Montana, Vol. I, Part 28, p. 68-79, U.S. Dept. of Commerce, Bureau of Census

of the State's total population for the same period. (See Table B-3)

Table C-4 provides a perspective on these trends for the five-county area. For the area as a whole, there are unusually heavy concentrations of people in the 45-64 age bracket. Realizing that these individuals will move into the 65+ age bracket in the next 20 years, we may expect to see a gradual change of age distributions in the respective counties. Total population by county will probably decline slightly in the next 20 years with major losses to be suffered in the non-retired age groups. Yet the 65+ population will grow dramatically and comprise a substantial portion of the area's population as current middle-aged individuals pass into the world of retirement. The implications of such a demographic transition for the rural area are frightening, for the economic structure of the area might also change so that it is unable to provide for the needs and well-being of so large a retired population.

As stated in the publication, "Select Characteristics of Montana Population", "All the indicators of population change point toward no major modification in the recent trends for the State of Montana...The largest decreases in population in Montana will probably occur in the far northeastern counties (Valley, Daniels, Sheridan, Roosevelt) and with unusually large percentage decreases that are essentially spurious due to the very small base populations in Petroleum, Golden Valley, and Treasure Counties".

Table B-1 also contains two other critical statistics which deserve explanation. The majority of aged in the five-county area live in towns or outlying rural communities characterized by populations of less than 2,500 people. In 1970, 2,303 or 60.3% of the 3,834 elderly in the five-county area were living in places of less than 2,500 people. In most cases the towns in these counties have average populations ranging from 100 to 1,000 people with the exception of a few of the larger towns such as Glasgow and

Malta. And, because of the large land mass, the smaller towns are also physically and socially isolated. Secondly, it is significant that a large number of these people are classed as poverty stricken. Based on Federal standards, there is a high of 26.1% of people 65+ in Daniels County to a low of 12.7% in Valley County who are below the poverty level income. This relatively large poverty cohort plus those with marginal levels of income will be one of the major focuses of this study.

Unfortunately, census data tells us little about health conditions, transportation, housing, nutrition, etc. It was because of questions concerning these variables and their impact upon the life style of the elderly which could not be answered from census data that the study was undertaken. Sensible programs can only be developed if there is a knowledge of the cohort toward which the program is directed. To gain this knowledge one must go beyond census data.

Table B-1

Composition of Five-County Population - 1970

		Daniels	Phillips	Roosevelt	Sheridan	Valley	Five-County Total
1960	County Total Population (all ages)	3,755	6,027	11,731	6,485	17,080	45,078
	Individuals 65+, number and % of county total population	431(11.5%)	797(13.2%)	1,101(9.3%)	781(12.0%)	1,101(6.4%)	4,211(9.4%)
1970	County Total Population (all ages)	3,083	5,386	10,365	5,779	11,471	36,084
	Individuals 65+, number and % of county total population	450(14.6%)	720(13.4%)	992(9.6%)	676(11.7%)	996(8.7%)	3,834(10.6%)

	Daniels		Phillips		Roosevelt		Sheridan		Valley		Five-County Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Individuals 65+ by sex	229	221	370	350	480	512	332	344	517	479	1,928	1,906
% increase for county Total Population from 1960 to 1970	-17.8%		10.6%		-11.6%		-10.9%		-32.8%		-19.9%	
% increase for 65+ population from 1960 to 1970	+4.4%		-9.7%		-9.9%		-13.4%		-9.5%		-9.2%	
Net migration, 1960 to 1970	-22.7%		-19.7%		-26.2%		-17.8%		-56.6%		-28.6%	
Total [1]Rural Non-farm population aged 65+	376		607		488		577		255		2,303	
65+ with less than poverty level income[2]	26.1%		22.5%		13.5%		27.3%		12.7%		20.4%	

[1]Non-farm individuals in residence in places of less than 2,500 people.

[2]Of those 65+ with below a poverty level income, approximately 80% receive social-security benefits.

Table B-2

Age Distributions by Sex and County, 1970

	Daniels		Phillips		Roosevelt		Sheridan		Valley		Total by Sex		Five County Total	% Change From 1960
	M	F	M	F	M	F	M	F	M	F	M	F		
0-9	248	228	522	479	1,081	1,061	520	484	1,227	1,115	3,598	3,367	6,965	-41.4
10-19	334	329	585	588	1,253	1,231	649	608	1,356	1,280	4,177	4,036	8,213	+5.1
20-29	154	133	260	270	538	576	263	261	641	713	1,856	1,953	3,809	-33.8
30-39	145	154	268	276	490	544	265	303	620	666	1,788	1,943	3,731	-33.6
40-44	88	85	150	143	286	285	181	183	355	272	1,060	968	2,028	-23.7
45-49	94	104	172	146	296	288	198	186	331	319	1,091	1,043	2,134	-9.7
50-54	129	105	154	125	304	267	216	181	323	301	1,126	979	2,105	+10.7
55-59	92	75	148	141	238	262	167	176	258	282	903	936	1,839	+20.7
60-64	63	73	130	109	190	183	149	113	224	192	756	670	1,426	+9.0
65-69	56	52	85	75	131	154	101	91	191	129	564	501	1,065	-26.7
70-74	48	70	83	90	107	102	63	68	114	112	415	442	857	-41.4
75-79	59	57	90	83	97	118	62	71	97	107	405	436	841	+2.2
80-84	41	31	82	60	88	74	71	65	65	81	347	311	658	+73.2
85+	17	19	30	42	57	64	35	49	50	50	189	224	413	+103.4
County Total by Sex	1,568	1,515	2,759	2,627	5,156	5,209	2,440	2,839	5,852	5,619	18,275	17,809		
County Total	3,083		5,386		10,365		5,779		11,471					

Table B-3

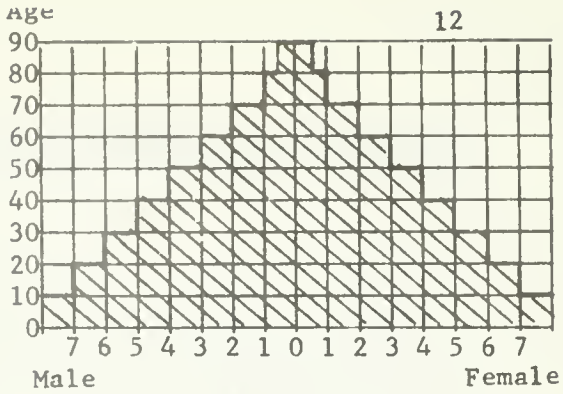
Select Age Distributions for Montana, 1960 and 1970

Population in Thousands 1960	1970	Age	% Change 1960 to 1970
22	30	75+	+33.4
20	17	70-74	-16.8
23	22	65-69	-3.4
23	28	60-64	+21.2
28	35	55-59	+21.9
33	39	50-54	+17.5

Population Pyramid

Table B-4

Five-County Area - 1970 Census
Total Population
36,084



Age
Groups

90
80
70
60
50
40
30
20
10
0

40 3500 3000 2500 2000 1500 1000 500 0 500 1000 1500 2000 2500 3000 3500

Female Population Male

A GUIDE TO UNDERSTANDING THE PROCEDURES USED AND PRESENTATION OF THE DATA

Sampling Technic

Ideally, the Research staff would have liked to have spoken to every person age 60 or over in the five-county area. As this is impossible, due to time, money and a limited staff the next best alternative was chosen. This alternative was to use what is called, a random sample. To draw a random sample means that the sample population is representative of the larger population. To insure this, every person who comprises the total population of concern must have an equal chance to be chosen. Thus, the first job was to locate the population to be sampled. To do this, a house to house survey was made and any house that had a member of the family, or a boarder who was over 60 became part of the population to be sampled. Upon completion of the canvas, each household was given a number, and with the use of a table of random numbers, a 20% sample of each county was chosen. In the smaller towns, the sample was increased to insure a representative sample of the area or to insure a sample larger than five households (unless the total population was less than five households). The idea of a family or living unit was utilized, because most programs for persons age 60 or over are designed to serve family units. In the case of two or more non-married individuals living together as a family unit, only one member was interviewed. In the case of a married couple, one member was interviewed and relevant information concerning the spouse was gathered. Preference was given to male members of the household in an effort to equalize the sex ratio. A total of 690 interviews was completed.

The Interpretation of Tables

The body of this report focuses on perceived and actual problems in the life spaces of persons age 60 and over in the sample population. Special

attention is given to the causes of these problems with the hope that state and local organizations will be able to use this analysis to implement needed programs to help the urban and rural aged in Montana. To meet this end, several analytical tools are employed in working with the raw data from the interview schedule. The most common of these tools are the summary statistic and the cross-tabulation (cross-tab). The term, summary statistic, refers to the distribution of responses to single questions on the schedule. For example, when the respondent is asked what his marital status is, his answer might fall into one of five categories: married, widowed, divorced, single or separated. When the way the entire sample population responds to this question is recorded, it is then possible to look at the distribution of people in these categories. In Roosevelt County, from a sample of 225 individuals, the summary statistic distribution of responses on this question includes 46% married, 48% widowed, 2% divorced, 0% separated, and 4% single. In working with an interview schedule, the summary statistic is regarded as the most immediate and simple tool to be used in the analysis of the data.

For the purposes of brevity and simplicity, the summary statistics and cross-tabs dealt with in this report are presented in tabular form. The distribution of respondents, for example, in Roosevelt County on the question of marital status is given the following treatment:

Table C-1

Marital Status of Respondents in Roosevelt County N=225

Married	Widowed	Divorced	Separated	Single	No Response	Total
46% (104)	48% (108)	2% (4)	0% (0)	4% (9)	0% (0)	100% (225)

In each of the seven cells in this table, there is a percentage followed

by a number. The number refers to the number of people from the sample who fall into that category with the percentage referring to that number as a percentage of all the people in the sample.

However, the summary statistic in itself does not provide an indication of how two or more questions on the schedule are related. Uncovering how the respondents are distributed across two questions is often of more critical interest to the social researcher who wishes to begin answering more complex questions about the sample population. To aid in this understanding, the technic of cross-tabulation is commonly used. Cross-tabulation provides a means of determining how people who fall into certain categories on one question are distributed across the categories of another questio

The tabular presentation of a cross-tab relationship is very similar. Let us take the following example:

Table C-2

Do You Have any Chronic Health Problems?

Do you have enough savings to cover an emergency or illness?	Yes	No	D.N.-N.R.	Total
Yes	48% (212)	52% (231)	0% (0)	100% (443)
No	70% (140)	30% (59)	0% (1)	100% (200)
D.N.-N.R.	51% (24)	45% (21)	4% (2)	100% (47)
TOTAL	(376)	(311)	(3)	(690)

To interpret this table, one looks at the question or variable at the far left of the table and then reads across that row to the right.

As in the case of the summary statistic table, the number of responden falling into each cell and that number as a percentage of the total is indicated. The relevant percentage is computed by dividing cell totals by row

totals (row totals are always found in the far right hand column of the table.)

The above table which examines the relationship between chronic health problems and whether or not one has enough money to cover an emergency or illness can be explained as follows. Of 443 respondents, 48% (212) had enough savings to cover an emergency or illness and also had one or more chronic health problems. The other 52% (231) respondents replied that they had enough savings to cover an emergency or illness and did not presently have chronic health problems. Of those 200 persons who did not have enough savings to cover an emergency or an illness, 70% (140) did have one or more chronic health problems, and 30% (59) did not. Of a third group of 47 persons who either did not know or did not respond as to whether or not they have enough money to cover an emergency or an illness, 51% (24) had one or more chronic health problems; 45% (21) did not.

From this information the researcher is able to gain insight into certain conditions or causal relationships in the life spaces of the elderly.

The Concept of Causality

Before proceeding to the analysis of the raw data, it will help the reader to more fully understand the findings and implications of this research if a brief comment is devoted to the concept of causality. Given an event in the social environment which needs understanding, it is important to pinpoint as accurately as possible the conditions or causes which are responsible for that occurrence. This enables the researcher and planner to make logical connections between often seemingly unrelated events in the social environment and, out of this understanding, to seek solutions to critical social problems. Quite simply, causality means the establishment of

how certain factors or events interact to produce the phenomena in question. The researchers have chosen the concept of cause rather than correlate, i.e., that two events are related but not necessarily that one causes the other, because programs that are set up to alleviate conditions by their very nature operate in terms of "cause."[1]

Since much of the data analysis to follow is centered around the concept of causality, it is helpful to understand how this type of analysis is carried out from the findings obtained from the interview schedule. In the schedule, there are a number of questions which can be defined as independent variables; or more simply, these variables are aspects of the person's life space which could have an effect upon other related events in his life space. Such things as age, sex, income, marital status, home and car ownership, religion, race, place of residence, and education can be defined as independent variables. They usually have an influence on other aspects of the person's life space, the dependent variables. Dependent variables include attitudes, health conditions, transportation problems, dietary habits, and conditions of social and physical isolation. For example, the independent variable of income often has a critical effect on certain conditions in the person's life. A low income might prevent an individual from obtaining adequate medical care which results in health problems. Or with a low income, the person might not be able to purchase foods necessary for

---

[1]To establish a causal relationship between two or more events, three conditions must be met. These are the principle of contingency, temporal priority, and the absence of spuriousness. Contingency says that given the occurrence of one event, the other event must also always occur. Temporal priority follows contingency by saying that the occurrence of one event (the independent variable) must always precede in time the occurrence of the other event (the dependent variable). Finally, the absence of spuriousness merely says that there must not be other factors operating outside of these two events which give rise to the phenomena being studied (the dependent variable). By holding the spurious elements constant or by controlling for them is one means of testing the logical strength of the causal relationship.

a good diet resulting in nutritional problems. Or increasing age may make driving or walking difficult creating problems in such activities as fixing meals, shopping or seeing friends.

In addition to establishing causal relationships, independent variables define cohorts, that is, groups of like characteristics. One such cohort is low income widows living alone in privately owned homes. Here is a group which is most likely to be affected by many conditions. Once this cohort has become defined, it is possible to design programs directed toward their problems.

There is one note of caution which should always be observed when interpreting tables. This caution is the "case of the small n."

Table C-3

Do You Eat a Good Diet of Food? N=225

	Yes	No	Total
Male	93% (87)	7% (7)	100% (94)
Female	93% (122)	7% (9)	100% (131)
TOTAL	(209)	(16)	(225)

The N is the total number sampled, i.e., 225. The n is any given cell number. When the n represents only a few of the total N number sampled, caution must be used when applying this percentage to the total population. That is, in the previous table it is not very reliable to expect that 7% of the males would not eat a good diet. The 7% actually represents only 3% of the total N(225) sampled. Because accurate prediction depends upon having tested an adequate number of cases, it is a good 'rule of thumb' to use special caution when utilizing any statistics that represent less than 5% of the total N.

SURVEY OF MAJOR INDEPENDENT VARIABLES

An independent variable is an important variable that has a significant impact upon another factor. In terms of the persons age 60 and over, independent variables are factors which have a decided influence upon the life space of the members of the cohort. The first focus of this report will be upon such major variables as age, sex, economic standing, marital status, etc. as they affect the lives of the elderly.

The first tables present a summary statistic distribution of the number of respondents who fall into each category across these variables. The responses are presented both by county and by the five-county aggregate. Because of the time and space limitation, the following tables are discussed only in terms of the five-county total (N=690).

It must be remembered that the five-county totals closely approximate the normal conditions of each county. If one were to take each county separately, there are categories that contain only a small number of respondents, i.e., 2-5, because the number of persons in that county in that category are so few. For example, the actual number of females age 85+ in Sheridan County is 19. A 20% sample of that group is five persons. To generalize from a sample of five is very precarious. But, when that category is combined across counties, the sample is large enough (or contains a larger representation) to warrant accurate generalization to the larger population.

Table D-1 presents the age distributions of the respondents by both county and five-county aggregate.

Table D-1

Age Distribution of Respondents by County

Age	Daniels	Phillips	Sheridan	Roosevelt	Valley	All County Totals
less than 59	6% (5)	3% (2)	6% (7)	2% (5)	2% (4)	3% (24)
60-64	21% (18)	14% (11)	18% (24)	24% (55)	24% (40)	21% (148)
65-69	14% (12)	16% (13)	21% (28)	19% (43)	23% (39)	20% (135)
70-74	25% (21)	14% (11)	17% (23)	20% (46)	20% (34)	20% (135)
75-79	13% (11)	21% (17)	13% (17)	16% (36)	13% (21)	15% (102)
80-84	15% (13)	21% (17)	15% (20)	8% (17)	9% (15)	12% (82)
85-89	5% (4)	6% (5)	7% (9)	6% (14)	5% (9)	6% (41)
90+	1% (1)	5% (4)	2% (3)	1% (2)	1% (2)	2% (12)
No Response	0% (0)	0% (0)	0% (0)	3% (7)	2% (3)	1% (10)
Don't Know	0% (0)	0% (0)	0% (0)	0% (0)	1% (1)	0% (1)
COUNTY TOTAL	100% (85)	100% (80)	100% (132)*	100% (225)*	100% (168)	100% (690)

*Does not equal 100% due to rounding off.

Of a total of 690 respondents interviewed in the five-county area, 3% (24) were less than 59 years old; 21% (148) were 60-64 years old; 20% (135) were 65-69 years old, and 20% (135) were 70-74. In the upper age brackets 15% (102) were 75-79; 12% (82) were 80-84; 6% (41) were 85-89; and 2% (12) were 90 years old or older. Those persons under age 60 were included in the sample because they had been named by others as being age 60 or above, were near 60, viewed themselves as entering the cohort concerned and desired to be interviewed. These persons can be thought of as part of the age 60 group for all practical purposes.

The sample percentage of persons by age group above correlates quite closely with the percentage of persons by age group of the 1970 Census.

Table D-2

Comparison of Age Distribution in Sample Population and Total Population

Age	Total Number N=5,260	% of Total	% of Respondents N=690
60-64	1,426	27%	21%
65-69	1,065	18%	20%
70-74	857	16%	20%
75-79	841	16%	15%
80-84	658	13%	12%
85+	413	8%	8%

If one considers the 3% of those under 60 who quite likely in 1970 had entered the 60+ age group, the sample is even more representative.

The sex distribution of the respondents in the sample were as follows:

Table D-3

Sex Distribution of Respondents by County

Sex	Daniels	Phillips	Sheridan	Roosevelt	Valley	All County Totals
Male	52% (44)	45% (36)	64% (73)	42% (94)	51% (85)	48% (332)
Female	48% (41)	55% (44)	36% (59)	58% (131)	49% (83)	52% (358)
COUNTY TOTAL	100% (85)	100% (80)	100% (132)	100% (225)	100% (168)	100% (690)

This sex distribution correlates closely with the 1970 Census sex distribution.

Table D-4

Comparison of Sex Distribution in
Sample Population and Total Population

	Sample All County Totals	Total Population
Male	48% (332)	51% (2,676)
Female	52% (358)	49% (2,584)
TOTAL	(690)	(5,260)

The slightly fewer males in the sample population can be accounted for by sampling error due to 1) males were more likely to be out in the rural areas which were not sampled; 2) single males were more likely to live together and be treated as a household or family unit; and 3) single males were more likely to be working and difficult to locate.

In the United States as a whole and in Montana in particular, there are more women living above the age of 60 than there are men. The sex distribution of these five counties, i.e., more women than men, represents an unusual condition. This condition can be accounted for by the rurality of the region as well as its recent development. Rural areas such as northeastern Montana are characterized by an agricultural economy which draws primarily males and by a significant number of male pioneers who never married. The existence of the male pioneers who never married is evidence of the recency of development of the area. The surplus of males in the older population can be expected to change in the next decade as single males who are older pass away and married couples enter the arena age 60 and above.

When the marital status of the respondents is compared to sex, there is further evidence to support this thesis.

Table D-5

Marital Status	Sex: Male	Female	Total
Married	68% (224)	32% (108)	100% (332)
Widowed	23% (67)	77% (230)	100% (297)
Divorced	40% (6)	60% (9)	100% (15)
Separated	25% (1)	75% (3)	100% (4)
Single	81% (34)	19% (8)	100% (42)
TOTAL	(332)	(358)	100% (690)

Because men traditionally marry women 5-10 years younger, it is not only possible but highly probable that there are a number of men in the sample cohort whose spouses are not yet 60 years of age. In that 68% (224) of all married individuals were males and only 32% (108) of the married individuals were females, it logically follows that many of the wives were not yet 60. Of those who were widowed, 23% (67) were males; 77% (230) were females. The evidence of the male pioneers who never married is found in the distribution across the singles category. Of those who were single, 81% (34) were males; 19% (8) were females. The decrease of married persons by age is apparent in Table D-6.

Table D-6

Age	Marital Status: Married	Widowed	Divorced	Sep.	Single	Total
less than 59	63% (15)	21% (5)	4% (1)	4% (1)	8% (2)	100% (24)
60-69	58% (164)	34% (96)	2% (5)	1% (2)	6% (16)	100% (283)*
70-79	43% (101)	48% (114)	3% (7)	0% (0)	6% (15)	100% (237)
80+	36% (49)	57% (77)	1% (1)	1% (1)	5% (7)	100% (135)
D.N.-N.R.	27% (3)	45% (5)	9% (1)	0% (0)	18% (2)	100% (11)
TOTAL	(332)	(297)	(15)	(4)	(42)	100% (690)

*Does not equal 100% due to rounding off.

Married individuals as a percentage of all categories of marital status were found to decline with advancing age. Fifty-eight percent (164) of those in the 60-69 age bracket were married while this figure declined to 36% (49) in the 80 and older age bracket. With this decline being accounted for by the death of a spouse, the percentage of widowed individuals increased accordingly with advancing age. Thirty-four percent (96) of those in the 60-69 age bracket were widowed while 57% (77) of those in the 80 or older age bracket were widowed.

Table D-7 again shows the unusual condition of the number of males exceeding the number of females in the older age brackets.

Table D-7

	Sex		
Age	Male	Female	Total
less than 59	33% (8)	67% (16)	100% (24)
60-69	48% (137)	52% (146)	100% (283)
70-79	48% (113)	52% (124)	100% (237)
80+	52% (70)	48% (65)	100% (135)
D.N.-N.R.	36% (4)	64% (7)	100% (11)
TOTAL	(332)	(358)	100% (690)

In the lower age brackets, the relative number of males was less than that of females. Forty-eight percent (137) of those 60-69 were males, while in the same bracket, 52% (146) were females. The same relationship was also true of those in the 70-79 age bracket. However, in the 80 or older age bracket, males constituted 52% (70) of that age group, with females accounting for 48% (65) of that group.

Tables D-8, D-9, and D-10 present the number of persons per household by county, sex, and age.

Table D-8

Total Number in Household

	Daniels	Phillips	Sheridan	Roosevelt	Valley	All County Totals
1 person	42% (36)	49% (39)	44% (58)	37% (83)	40% (68)	41% (284)
2 people	44% (37)	47% (38)	45% (60)	44% (99)	46% (78)	45% (312)
3 people	8% (7)	2% (2)	8% (11)	8% (19)	8% (14)	8% (53)
4 people	5% (4)	0% (0)	2% (2)	5% (11)	2% (4)	3% (21)
5 people	1% (1)	1% (1)	1% (1)	2% (5)	1% (2)	1% (10)
6 people	0% (0)	0% (0)	0% (0)	3% (6)	1% (1)	1% (7)
7 people	0% (0)	0% (0)	0% (0)	0% (1)	1% (1)	0% (2)
8 people	0% (0)	0% (0)	0% (0)	0% (1)	0% (0)	0% (1)
COUNTY TOTAL	100% (85)	100% (80)	100% (132)	100% (225)*	100% (168)*	100% (690)*

*Does not equal 100% due to rounding off.

Forty-one percent (284) of the respondents were living by themselves while the remainder were living in households of two or more persons.

Table D-9

Total Number in Household

Sex	1 person	2 people	3 or more	Total
Male	27% (91)	56% (187)	16% (54)	100% (332)*
Female	54% (193)	35% (125)	11% (40)	100% (358)
TOTAL	(284)	(312)	(94)	100% (690)

*Does not equal 100% due to rounding off.

Twenty-seven percent (91) of all males were living by themselves while 56% (187) were living in households of two persons. However, 54% (193) of all females were living by themselves and only 35% (125) were living in households of two persons. This selects out approximately 68% (193) of all those people living by themselves as single women. The number of persons living alone also tends to increase with age.

Table D-10

Persons Per Household by Age

Age	Living Alone	2 or more persons in household	Total
Under 70	30% (93)	70% (213)	100% (306)
70 or above	50% (191)	50% (192)	100% (383)*

*Does not include No Response, Don't Know categories.

Of those under age 70, 30% (93) lived alone; 70% (213) lived in households of two or more persons. Of those age 70 or above, 50% (191) lived alone; 50% (191) lived in households of two or more persons.

Tables D-11 through D-13 define the education attainment of the respondents, their housing ownership status, and their employment retirement status.

Table D-11

Educational Attainment of Respondents

Education	Daniels	Phillips	Sheridan	Roosevelt	Valley	All County Totals
0-6 yrs	24% (20)	16% (13)	24% (32)	23% (51)	23% (39)	22% (155)
7-8 yrs	35% (29)	28% (22)	45% (59)	36% (82)	32% (53)	36% (245)
9-11 yrs	18% (15)	22% (18)	16% (21)	12% (28)	19% (32)	17% (114)
12 yrs	16% (14)	19% (15)	5% (6)	8% (19)	10% (16)	10% (70)
1-3 yrs college	7% (6)	11% (9)	8% (11)	13% (30)	11% (19)	11% (75)
4+ yrs college	1% (1)	4% (3)	1% (2)	5% (11)	5% (9)	4% (26)
No Response	0% (0)	0% (0)	1% (1)	2% (4)	0% (0)	1% (5)
COUNTY TOTAL	100% (85)	100% (80)	100% (132)	100% (225)*	100% (168)	100% (690)

*Does not equal 100% due to rounding off.

The overwhelming majority of respondents had less than four years of high school. Seventy-five percent (514) had less than 12 years of education while 10% (70) had completed a high school education. The remaining 15% (101) did have either a partial or full college education.

The question of educational attainment is a measure of formal education, not knowledge. These persons grew up in a time when a high school education was seen as a luxury and not necessary. That these persons have functioned and coped well with life is a given. This point is critical in terms of setting up programs for the elderly. The middle class idea of an education as crucial, i.e., that an education is necessary to be able to function, becomes meaningless when one takes into account the knowledge gained over time in everyday survival and adaption to a changing world. It should also be noted that this educational distribution is not unlike that across the United States. One must remember that it was not until the 1960's that 50% of the population over age 21 possessed a high school education.

In Table D-12 the housing ownership status of the respondents is presented.

Table D-12

Housing Ownership Status

Ownership Status	Daniels	Phillips	Sheridan	Roosevelt	Valley	All County Totals
Own	76% (65)	84% (67)	86% (114)	84% (188)	73% (122)	81% (556)
Buying	2% (2)	1% (1)	1% (1)	3% (7)	7% (11)	3% (22)
Rent	13% (11)	10% (8)	9% (12)	9% (21)	18% (31)	12% (83)
Rent Free	2% (2)	2% (2)	4% (5)	4% (8)	0% (0)	2% (17)
Other	6% (5)	2% (2)	0% (0)	0% (0)	1% (2)	1% (9)
No Response	0% (0)	0% (0)	0% (0)	0% (1)	1% (2)	1% (3)
COUNTY TOTAL	100% (85)*	100% (80)*	100% (132)	100% (225)	100% (168)	100% (690)

*Does not equal 100% due to rounding off.

Eighty-one percent (556) of the elderly owned their own homes while 3% (22) were buying a home. The remaining 16% (112) were renters or lived under other housing circumstances. Daniels and Valley Counties have a noticeably lower percentage of owners and higher percentage of renters than the

other counties.

In Table D-13 the employment-retirement status of the respondents is defined.

Table D-13

Employment-Retirement Status of Respondents

Employment	Daniels	Phillips	Sheridan	Roosevelt	Valley	All County Totals
Work full-time	13% (11)	20% (16)	14% (18)	16% (36)	15% (26)	16% (107)
Work part-time	9% (8)	6% (5)	8% (11)	6% (13)	9% (15)	8% (52)
Retired	40% (34)	56% (45)	52% (68)	41% (92)	49% (82)	46% (320)
Laid-off or on strike	1% (1)	0% (0)	1% (2)	0% (1)	1% (1)	1% (5)
Unemployed	0% (0)	0% (0)	0% (0)	3% (7)	2% (3)	1% (10)
Never worked	1% (1)	0% (0)	1% (1)	15% (33)	5% (9)	6% (44)
Housewife	35% (30)	18% (14)	24% (32)	15% (34)	12% (21)	19% (131)
No Response	0% (0)	0% (0)	0% (0)	4% (10)	7% (11)	3% (21)
COUNTY TOTAL	100% (85)*	100% (80)	100% (132)	100% (225)	100% (168)	100% (690)

*Does not equal 100% due to rounding off.

Predictably, only a small percentage of the aged in the area were working full or part-time. Sixteen percent (107) had full time jobs, and 8% (52) were working part-time. Sixty-five percent (451) were either retired or housewives. Such a large non-working group indicates that a large percentage of the sample was living primarily on fixed incomes such as social security or pensions. It is likely that a substantial number of those who were still working were doing so to supplement inadequate or fixed incomes.

The final summary statistic tables deal with the levels of income in the sample population.

Table D-14

Total Family Income, 1971

	Daniels	Phillips	Sheridan	Roosevelt	Valley	All County Totals
$499 or less	4% (3)	0% (0)	6% (8)	4% (10)	1% (1)	3% (22)
$500-$999	8% (7)	2% (2)	5% (6)	6% (13)	4% (6)	5% (34)
$1,000-$1,999	14% (12)	19% (15)	16% (21)	14% (32)	15% (25)	15% (105)
$2,000-$2,999	20% (17)	19% (15)	14% (18)	17% (38)	14% (24)	16% (112)
$3,000-$3,999	12% (10)	15% (12)	9% (12)	12% (28)	11% (18)	12% (80)
$4,000-$4,999	1% (1)	4% (3)	6% (8)	9% (20)	8% (13)	7% (45)
$5,000-$5,999	4% (3)	5% (4)	9% (12)	8% (17)	5% (9)	7% (45)
$6,000-$6,999	8% (7)	4% (3)	11% (14)	10% (22)	12% (21)	10% (67)
$7,000-$7,999	0% (0)	0% (0)	0% (0)	2% (4)	1% (1)	1% (5)
$8,000-$8,999	0% (0)	0% (0)	0% (0)	0% (1)	0% (0)	0% (1)
$9,000-$9,999	0% (0)	1% (1)	0% (0)	0% (0)	0% (0)	0% (1)
$10,000+	6% (5)	7% (6)	7% (9)	6% (13)	7% (11)	6% (44)
No Response	22% (19)	24% (19)	17% (23)	11% (25)	22% (37)	18% (123)
Other	0% (0)	0% (0)	1% (1)	0% (1)	1% (2)	0% (4)
Don't Know	1% (1)	0% (0)	0% (0)	0% (1)	0% (0)	0% (2)
COUNTY TOTAL	100% (85)	100% (80)	100% (132)*	100% (225)*	100% (168)*	100% (690)

*Does not equal 100% due to rounding off.

It is apparent from examining this table that a substantial number of elderly in the sample fell into the low income brackets. Significantly, there were 39% of the total family incomes below $3,000 per year. An additional 26% fell into the $3,000-$5,999 category; 11% fell into the $6,000-$9,999 category; and 6% had total family incomes of $10,000 or more. Eighteen percent chose not to respond to this question, but from the experiences of the interviewers, most of these respondents fell into the higher income brackets.

The disparity of incomes is accounted for by a number of conditions. Those families in the lowest income brackets are primarily on fixed incomes, i.e., pensions, social security, etc. Considering present inflationary trends and a future possibly more desolate than the present, it should be realized that these families in the lower income brackets do now and will

continue to endure a very poor quality of life. Just how pervasive this effect of low incomes is upon the lives of the elderly will become increasingly apparent throughout this report.

Those in the higher income brackets are possibly working, have sold their businesses or farms and are receiving incomes from those, have leased their businesses or farms and are receiving that income, or have investments such as property, bonds, stocks, etc. that are still yielding revenue.

How total family income relates to age, sex, marital status, and total number in the household is presented in the last four tables of this section. Because of the large number of cells in each of these tables, only a broad verbal interpretation will be offered.

Table D-15

	Income											
Age	less than $1,000		$1,000-$3,000		$3,000-$5,000		$5,000+		Other D.N.-N.R.		Total	
less than 59	0%	(0)	17%	(4)	29%	(7)	25%	(6)	29%	(7)	100%	(24)
60-69	8%	(22)	24%	(68)	16%	(45)	36%	(102)	16%	(46)	100%	(283)
70-79	7%	(17)	41%	(98)	21%	(50)	13%	(30)	18%	(42)	100%	(237)
80+	10%	(13)	33%	(45)	16%	(22)	18%	(24)	23%	(31)	100%	(135)
D.N.-N.R.	36%	(4)	27%	(3)	9%	(1)	9%	(1)	18%	(2)	100%	(11)*
TOTAL		(56)		(218)		(125)		(163)		(128)	100%	(690)

*Does not equal 100% due to rounding off.

Table D-16

	Income											
Sex	less than $1,000		$1,000-$3,000		$3,000-$5,000		$5,000+		Other D.N.-N.R.		Total	
Male	7%	(24)	26%	(85)	19%	(64)	31%	(103)	17%	(56)	100%	(332)
Female	9%	(32)	37%	(133)	17%	(61)	17%	(60)	20%	(72)	100%	(358)
TOTAL		(56)		(218)		(125)		(163)		(128)	100%	(690)

Table D-17

Income

Marital Status	less than $1,000	$1,000-$3,000	$3,000-$5,000	$5,000+	Other D.N.-N.R.	Total
Married	3% (10)	21% (69)	22% (74)	35% (115)	19% (64)	100% (332)
Widowed	12% (36)	41% (122)	14% (41)	14% (42)	19% (56)	100% (297)
Divorced	33% (5)	47% (7)	7% (1)	7% (1)	7% (1)	100% (15)*
Separated	25% (1)	50% (2)	0% (0)	0% (0)	25% (1)	100% (4)
Single	10% (4)	43% (18)	21% (9)	12% (5)	14% (6)	100% (42)
TOTAL	(56)	(218)	(125)	(163)	(128)	100% (690)

*Does not equal 100% due to rounding off.

Table D-18

Income

Total No. in Household	less than $1,000	$1,000-$3,000	$3,000-$5,000	$5,000+	Other D.N.-N.R.	Total
1 person	12% (33)	43% (121)	14% (41)	13% (38)	18% (51)	100% (284)
2 people	4% (12)	24% (74)	22% (69)	32% (99)	19% (58)	100% (312)*
3 or more	12% (11)	25% (23)	16% (15)	28% (26)	20% (19)	100% (94)*
TOTAL	(56)	(218)	(125)	(163)	(128)	100% (690)

*Does not equal 100% due to rounding off.

Individuals in the lower age brackets generally had higher incomes than did those individuals who were in the upper age brackets. This is due in part to the fact that married individuals were found in the lower age brackets and, consequently, had higher incomes as a family unit. Non-married individuals fell predominantly in the upper age brackets and had lower incomes as a result of both their single status and the fact that some were not eligible for social security or pensions because of their age and former occupational status.

The distribution of sex across income portrayed a similar picture.

Males generally had higher incomes than did the women in the sample. (It must be remembered that the question asked about total family income.) Women in the sample generally had lower incomes as a family unit because they were frequently living by themselves often not obtaining the benefits available to retired males or married couples. Of all categories of marital status, married individuals had the highest incomes. Widowed, divorced, separated, and single persons tended to cluster in the lower income brackets. The total number in household presents much the same statistical picture. Elderly living by themselves, again, a group predominantly characterized by single women, had the lowest incomes of any living group.

In summary, although anyone above the age of 60 can be classified as a senior citizen, the classification tells us little about the persons. The information in this section begins to point out the complexities of this age cohort. If programs are to be designed and/or services offered, these complexities must be taken into account. What are the needs of those who are married and have spouses in the home as compared to those who are single? What types of incomes are considered sufficient? Do we gear special programs for home owners versus those who rent? It is these and other questions that will emerge throughout the body of the report. The complexities and the extent of need should point out the demand for well-designed programs for the elderly. But, it is most critical that these programs treat the elderly not as a single category but as a complex age cohort with differing needs and life situations.

HOUSING

Housing, the bare shelter for physical survival, is one of the basic needs of persons. Similarly, the idea of a home, as a place where one likes to be, a place that is restful and congenial, expresses a basic human value.

Even though one may have an adequate shelter, the suitability and/or convenience of a house often becomes different through time. The large two-story, four-bedroom house with a fireplace, once delightful for raising a family is no longer manageable for one or two older persons. This does not necessarily mean that the occupants should be vacated but that the possibility for change should exist. These changes could take the form of structural changes in the house (such as lowering cupboards, bringing a bedroom to the main floor, altering stairways) or relocating in alternative housing.

For those in Phillips, Valley, Roosevelt, Sheridan, and Daniels Counties, the types of housing lived in are dictated by the supply and demand conditions in the area. Depressed economic conditions in the five-county area, coupled with a high out-migration rate of working age individuals, have limited the construction of apartment units, especially low rent units, suitable for the majority of aged. Just as important, there is little demand for the older homes of the aged in the area. Thus, those who can sell their home must either leave the area or move primarily to other private accommodations. To begin, let us examine the housing conditions in the five-county area.

The first question of concern is what type of dwelling units are currently being inhabited.

Table E-1*

Type of Dwelling Unit and Conveniences		N=690
Type of dwelling unit.	a) house	86% (596)
	b) apartment	4% (29)
	c) mobile home trailer	5% (32)
	d) room in hotel or boarding house	1% (7)
	e) room in home of friend or relative	1% (2)
	f) a nursing home or partial care home	1% (2)[1]
Do you have an electric, gas or wood burning stove?	a) electric or gas	97% (666)
	b) wood or coal	1% (8)
	c) other	1% (8)
	d) no, none	0% (1)
Do you have electric, gas or wood heat in this home?	a) electric or gas	84% (578)
	b) wood or coal	1% (9)
	c) other	14% (100)
	d) no, none	0% (0)
Are there indoor bathroom facilities in this home?	a) yes	95% (653)
	b) no	5% (37)
Do you have a bathtub or shower in this home?	a) yes	94% (650)
	b) no	6% (39)
Is the temperature usually comfortable in your home during the winter?	a) yes	95% (653)
	b) no	3% (23)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

On the question of type of dwelling unit currently lived in, 86% (596) of the aged lived in single dwelling units; 4% (29) lived in apartments; and 5% (32) lived in mobile homes. The remaining 3% (11) lived in other types of privately owned housing, in a nursing home or partial-care home, or in a hotel or boarding house.[1]

[1]The sampled population was a non-institutionalized population. Trial tests conducting the interview in institutional settings were deemed inadequate. Thus, the only persons who were contacted in nursing homes or partial care homes were persons who had been institutionalized during the study period. Each of the five counties do possess a nursing home, each with a waiting list.

The second through fifth questions in Table E-1 yield some idea of the comfort and convenience level of the dwelling lived in. Only one person lacked some type of stove, and all the respondents had some form of heat in their homes. Even though all had some form of heat in their homes, 3% (23) indicated that the temperature in their home was often uncomfortable during the winter. For the 1% (8 and 9 respectively) who possessed wood or coal burning stoves or heating units, the idea of convenience is questionable. Because servicing wood or coal units implies frequent trips outside or to the basements, maintaining such units can be a hardship or near impossible task with the infirmities of age, illness, or extreme weather. On the other hand, replacing wood or coal units is an expense many people cannot afford.

Five percent (37) did not have indoor bathroom facilities in their dwelling unit, and 6% (39) did not have a tub or shower. The overwhelming majority of people possessed these conveniences but for those who do not, existence can be far from pleasant.

The ownership status of these dwellings was as follows:

Table E-2

Ownership Status and Housing Payments

Do you own or rent this unit?	a) own	84% (578)
	b) rent	12% (83)
	c) free	2% (17)
	d) other	2% (12)
Amount of rent or purchase payments for living unit (if applicable).	a) less than $25	1% (4)
	b) $25-$49	5% (32)
	c) $50-$74	6% (40)
	d) $75-$99	1% (9)
	e) $100-$124	1% (5)
	f) $125 or more	3% (11)

Table E-2 shows that 84% (578) of the respondents owned or were buying their homes; 12% (83) were renting their units; 2% (17) were living rent free;

and 2% (12) had other arrangements.

The payments for those who were either still making purchase payments or renting their dwelling units varied. One percent (4) made payments less than $25, 5% (32) were $25-$49, 6% (40) were $50-$74, 1% (9) were $75-$99, 1% (5) were $100-$124, 3% (11) were $125 or more. Twelve percent of the 17% making payments were making payments under $75.

Table E-3 presents the ownership status of the housing compared to how well the respondents income and assets satisfy their needs.

Table E-3

How Well Does Your Income and Assets Satisfy Your Needs?

Do you own or rent this unit?	Very Well	Fairly Well	Poorly	D.N.-N.R.	Total
Own or buying	36% (205)	55% (318)	7% (43)	2% (11)	100% (577)
Rent	35% (29)	42% (35)	23% (19)	0% (0)	100% (83)
Other including rent free	27% (7)	54% (14)	19% (5)	0% (0)	100% (26)
D.N.-N.R.	25% (1)	25% (1)	0% (0)	50% (2)	100% (4)
TOTAL	(242)	(368)	(67)	(13)	(690)

Of the 577 respondents who owned their homes, 36% (205) felt their incomes and assets satisfied their needs very well; 55% (318) felt their incomes and assets satisfied their needs fairly well; and 7% felt their incomes and assets satisfied their needs poorly. Of those who rented, 35% (29) felt their incomes and assets satisfied their needs very well, 42% (35) fairly well, 23% (19) poorly. This table suggests two things. First, those whose income and assets satisfy their needs most adequately are most likely to own or be buying their homes. Secondly, those who can least likely afford a monthly outlay of money for housing are the most likely to be renting. For those who own their home and do not have to make monthly payments, there is

more income to be spent on other living requirements.

The number of persons per household becomes an important consideration in any planning effort.

Table E-4

Total number in household.	a) one person	41% (284)
	b) two or more	59% (406)

Forty-one percent (284) of the households contained only one person; 59% (406) of the households contained two or more persons. For further information concerning the number of persons per household by age, sex, and marital status, please see the section entitled "Major Independent Variables."

To examine the conditions of housing implies that one must analyze the type of housing problems that do occur. When the respondents were asked to cite specific things about their homes which had become difficult to manage, the following problems were cited.

Table E-5

Housing Problems*		N=690
A) General Problems	a) outside stairs, stairs to basement or second floor, stairs in general	35% (53)
	b) high shelves or cupboards	15% (22)
	c) housework	6% (9)
	d) house too small	3% (5)
	e) yard work	3% (5)
	f) plumbing or sewer problems	3% (4)
	g) window washing or storm windows	1% (2)
	h) general limitations from arthritis or rheumatism	6% (9)
	i) general limitations from heart condition	4% (6)
	j) general limitations from blindness	5% (7)
	k) other physical or health limitations	9% (13)
	l) other	3% (5)
B) Specific Problems	a) ceilings	3% (4)
	b) heating system	1% (1)
	c) need more rooms, basement or garage	1% (2)
	d) need washing facilities	1% (1)
	e) need new plumbing or wiring	1% (2)

*(150 Respondents indicated they had housing problems.)

The most common housing problem was that of stairs which had become difficult to manage. Thirty-five percent (53) of the elderly said they had this problem. The second most common problem was high shelves or cupboards. Also high on the list were housework, yard work, and such things as faulty wiring or plumbing that needed repair. If a general statement could be made about the homes of the elderly, it would center about the concept of homes being designed for younger couples with children. Very few people who build homes design them with an eye toward the distant future. Homes are built to fit the needs of the present and near future. What was once a necessity or convenience could become a problem area with the loss of children, a spouse, and the onset of health or physical problems. The homes in the sample were often larger units with indoor and outdoor stairways, high cupboards and shelves, and the other conditions listed. Particularly for single individuals in these homes, such housing conditions can make life unpleasant if not dangerous.

Despite the 22% (150) of the sample that said they had problems with their homes, a smaller number indicated that they were not satisfied with their housing.

Table E-6

How well are you satisfied with your housing?	satisfied	84% (577)
	not satisfied	16% (107)

Table E-6 points out that 16% (107) of the elderly were not satisfied with their present housing. Table E-7 relates marital status to satisfaction with housing to provide a measure of those individuals who were most discounted with their homes.

Table E-7

Are You Satisfied with Your Housing?

Marital Status	Satisfied	Not Satisfied	D.N.-N.R.	Total
Married	82% (273)	17% (56)	1% (3)	100% (332)
Non-married	85% (303)	14% (51)	1% (4)	100% (358)
TOTAL	(576)	(107)	(7)	100% (690)

Seventeen percent (56) of all married individuals were not satisfied with their housing, while 14% (51) of those non-married (widowed, divorced, separated, and single) were not satisfied with their homes. A slightly higher percentage of married persons were not satisfied with their housing. In that those who are married usually have more income and are likely to have homes in better repair, it would seem they should be more satisfied. Instead, married persons are just as likely or slightly more so to see things as bothersome or dangerous. The non-married person is less likely to complain about housing conditions that affect only himself. The presence of a spouse heightens the individual's perceptions of a troublesome or dangerous condition. It is the difference between the conditions the individual can tolerate versus the tolerance of those same conditions when they are confronting a loved one. It can also be argued that one who has lived under certain conditions for a long period of time comes to accept those conditions, particularly when changes are not perceived as possible. Yet, those same conditions are seen as dangerous when one's mate is exposed to them.

Because the type of housing one is living in is largely determined by financial means, let us examine the relationship between housing satisfaction and how well income and assets satisfy the respondent's need.

Table E-8

Are You Satisfied with Your Housing?

How well do your income and assets satisfy your needs?	Satisfied	Not Satisfied	D.N.-N.R.	Total
Very Well	91% (221)	8% (20)	0% (1)	100% (242)*
Fairly Well	81% (299)	18% (66)	1% (3)	100% (368)*
Poorly	70% (47)	28% (19)	1% (1)	100% (67)*
D.N.-N.R.	77% (10)	15% (2)	8% (1)	100% (13)
TOTAL	(577)	(107)	(6)	100% (690)

*Does not equal 100% due to rounding off.

Eight percent (20) of those elderly whose income and assets satisfied their needs very well said they were not satisfied with their housing. Of those whose income and assets satisfied their needs fairly well, 18% were not satisfied. Of those whose income and assets satisfied their needs poorly, 28% (19) indicated they were not satisfied with their housing. Thus, the lower one's financial means, the more likely he is to be not satisfied with his housing. In Northeastern Montana for those with adequate incomes who are not satisfied, the area offers little in housing alternatives.

Not only the present but future housing conditions are of concern for planning purposes. It is anticipated that more persons would become dissatisfied with their housing in time.

Table E-9

Time When Housing Might Become a Problem

Are you satisfied with your housing?	Yes	No	D.N.-N.R.	Total
Satisfied	18% (105)	80% (461)	2% (11)	(577)
Not satisfied	49% (52)	49% (52)	3% (3)	(107)*
D.N.-N.R.	17% (1)	50% (3)	33% (2)	(6)
TOTAL	(158)	(516)	(16)	(690)

*Does not equal 100% due to rounding off.

Eighteen percent (105) of those individuals who were presently satisfied with their housing could see problems with their housing in the future. Of those who were not satisfied with their housing, 49% (52) anticipated future housing problems. Reading the table vertically brings out another interesting statistic. Sixty-seven percent (105) of those who could see future housing problems were presently satisfied with their housing.

Table E-10 and E-11 isolate those persons who perceived a time in the future when things in their housing might become a problem.

Table E-10

Time When Housing Might Become a Problem

Total Number in household	Yes	No	D.N.-N.R.	Total
1 person	26% (75)	71% (202)	2% (7)	100% (284)
2 or more people	20% (83)	77% (314)	2% (9)	100% (406)*
TOTAL	(158)	(516)	(16)	(690)

*Does not equal 100% due to rounding off.

Twenty percent (83) of those individuals living in households of two or more persons felt that their housing might become a problem in the future. Yet, 26% (75) of those elderly living alone could see a time when their housing could be more of a problem.

Table E-11

Time When Housing Might Become a Problem

Marital Status	Yes	No	D.N.-N.R.	Total
Married	19% (63)	80% (268)	2% (5)	100% (332)*
Non-married	26% (95)	71% (253)	3% (10)	100% (358)
TOTAL	(158)	(527)	(5)	(690)

*Does not equal 100% due to rounding off.

Nineteen percent (63) of all married persons felt that they might have problems with their housing in the future. Of all classes of non-married persons, 26% (95) anticipated future housing problems.

Considering that 16% of the respondents were presently not satisfied with their housing and an additional 15% (105) of the total respondents who were presently satisfied with their housing perceived problems in the future, as their situation changed, it becomes necessary to consider what alternatives are available and which persons might be most willing to consider a change of residence. Let us first locate that cohort who expressed a consideration of moving.

Table E-12*

Consideration of Moving		N=690
Since your retirement or in the last 10 years, have you ever considered moving?	a) no	32% (569)
	b) yes	16% (111)
	c) am planning to move	1% (5)
(If b or c to the above question) Why have you thought of moving? (N=116)	a) to be closer to services, including medical	26% (29)
	b) social relationships (to be closer to friends and family)	19% (20)
	c) home and land maintenance problems	18% (19)
	d) geographical considerations (climate, don't like area)	17% (18)
	e) other	24% (27)

*Other responses to these questions not included in the above distributions include other, don't know, no response categories.

Sixteen percent (111) of the respondents had considered moving since their retirement or in the last ten years, and 1% were planning to move. Their reasons for considering moving provide additional insight. The most often mentioned reason for moving was to be close to services including

medical services followed by a desire for meaningful social relationships, problems with home and land maintenance, geographical considerations and various other reasons. Thus, it is apparent that there are both physical and social reasons that are major considerations when moving. Those physical conditions most important are needed or "life services" and medical services and those social conditions most important are meaningful social relationships with family and friends.

In interpreting the number of persons willing to move, one must realize that to even contemplate moving, one must be able to consider other accommodations as a real possibility. In Phillips, Valley, Roosevelt, Sheridan, and Daniels Counties, there is a lack of alternative housing, especially low income housing, which would be within reach of many of the elderly.

In addition, many of the homes of the elderly are older homes and not very desirable in the open market. If the elderly do want to sell, they cannot either find a buyer for their home or must take a price that is too low to buy a comfortable replacement dwelling.

The contrast between the number of persons who had considered moving and the actual number planning to do so reflects not only the above available housing alternatives but also highlights the complex physical and socio-psychological aspects of moving. Moving or relocation requires physical strength, transportation, often legal aid, money, the means to locate different housing, the courage to "pick-up and go" and some feeling that there is a meaningful future in store. For many of the persons age 60 and over, some of these means are not available and the feeling of a meaningful future is a feeling of the past.

By comparing who has considered moving with other variables, we are able to isolate the characteristics of those who might be willing to move, or show a propensity to move if alternative housing were available. One

would expect that those most dissatisfied with their housing would be most interested in moving.

Table E-13

Have You Ever Considered Moving?

Are you satisfied with your housing?	No	Yes	D.N.-N.R.	Total
Satisfied	86% (497)	12% (72)	2% (8)	100% (577)
Not satisfied	63% (67)	36% (39)	1% (1)	100% (107)
D.N.-N.R.	67% (4)	0% (0)	33% (2)	100% (6)
TOTAL	(568)	(111)	(11)	100% (690)

Twelve percent (72) of those people who were presently satisfied with their housing had considered moving. Of those not satisfied with their housing, 36% (39) had considered moving. Table E-14 further illustrates this point.

Table E-14

Have You Ever Considered Moving?

Time when housing might become a problem?	No	Yes	D.N.-N.R.	Total
Yes	72% (114)	28% (44)	0% (0)	0% (158)*
No	86% (445)	12% (64)	1% (7)	0% (516)
D.N.-N.R.	56% (9)	19% (3)	25% (4)	0% (16)
TOTAL	(568)	(111)	(11)	0% (690)

*Does not equal 100% due to rounding off.

Twelve percent (64) of those aged who felt that they would not encounter future problems with their housing indicated an interest in moving. Yet, 28% (44) of those who thought they would have future housing problems said

they have considered moving. As might be expected, the aged living in poor or deteriorating housing indicate a higher desire to move than those who are presently living in adequate housing. Table E-15 shows that people who have most often considered moving have a greater desire to obtain help with better housing than the elderly who have not considered moving.

Table E-15

Would You Like Help with Better Housing?

Have you ever considered moving?	Yes	No	Other D.N.-N.R.	Total
No	4% (22)	96% (544)	0% (2)	(568)
Yes	17% (19)	83% (92)	0% (0)	(111)
D.N.-N.R.	0% (0)	91% (10)	9% (1)	(11)
TOTAL	(41)	(646)	(3)	(690)

Only 4% (22) of those who had not considered moving had a desire to obtain help with better housing. Yet of those who had considered moving, 17% (19) had an interest in housing-related aid.

Table E-16

Have You Ever Considered Moving?

Age	No	Yes	D.N.-N.R.	Total
less than 69	78% (240)	19% (59)	2% (7)	100% (306)*
70-79	84% (199)	16% (37)	0% (1)	100% (237)
80+	88% (119)	10% (14)	1% (2)	100% (135)*
D.N.-N.R.	83% (10)	8% (1)	8% (1)	100% (12)*
TOTAL	(568)	(111)	(11)	100% (690)

*Does not equal 100% due to rounding off.

As can be seen, the younger respondents displayed a greater interest in moving than did older persons. Nineteen percent (59) of those less than

69 years old, 16% (37) of those 70-79 years old, and 10% (14) of those 80 or older had considered moving in the last ten years or since their retirement.

Table E-17

Have You Ever Considered Moving?

Marital Status	No	Yes	D.N.-N.R.	Total
Married	80% (267)	18% (60)	2% (5)	100% (332)
Non-married	84% (301)	14% (51)	2% (6)	100% (358)
TOTAL	(568)	(111)	(11)	100% (690)

Eighteen percent (60) of those married and 14% (51) of those non-married had considered moving in the last ten years or since retirement. Thus, those both younger and married had given more thought to moving. These are the persons most likely to be able to readily cope with the strains of moving and who desire to do so to find comfortable accommodations for their spouses. More critically, those who actively consider moving are the persons who view themselves as having many years to live yet. For those who see their future as limited and perhaps rather dismal, relocation is rather irrelevant. Others, most likely in the highest age groups, desire to move into areas or facilities where specialized care is available or near to services and families.

A final table relates interest in moving to the ability of income and assets to satisfy needs.

Table E-18

Have You Ever Considered Moving?

How well does your income and assets satisfy your needs?	No	Yes	D.N.-N.R.	Total
Very Well	83% (202)	15% (36)	2% (4)	100% (242)
Fairly Well	82% (303)	17% (61)	1% (4)	100% (368)
Poorly	78% (52)	20% (14)	2% (1)	100% (67)
D.N.-N.R.	85% (11)	0% (0)	15% (2)*	100% (13)
TOTAL	(568)	(111)	(11)	100% (690)

*Does not equal 100% due to rounding off.

Fifteen percent (36) of those whose income and assets satisfied their needs very well said they had considered moving, while 20% (14) of those whose income and assets satisfied their needs poorly said they had considered moving. A previous table demonstrated that those whose income and assets satisfy their needs poorly most often lived in housing with which they were not satisfied.

What are the alternatives for the housing situation in the area? When respondents were asked what plans they had made if they foresaw their housing as becoming a problem in the future, the following replies were received.

Table E-19

Housing Plans

What Plans have You Made if Housing Becomes a Problem in the Future? (For those who said they could see future problems with housing)	
a) Move to other accommodations	15% (23)
b) Make repairs, additions, move to ground floors	8% (13)
c) No plans, just worry, don't know	64% (101)
d) Other	14% (21)

It is evident that most persons have no plans for their future housing even if they perceive it as becoming a problem. They either cannot do anything about their situation for financial, health, transportation, or other reasons or have not thought about it.

When respondents were asked what type of housing they would prefer if they could have any of the specified types, single family homes were most often preferred.

Table E-20

Imagine for a moment you could live in any kind of place you wanted. I will read a list of places, and would you please tell me which you would like best?	a) a single-family home	65% (449)
	b) an apartment	8% (55)
	c) a trailer or mobile home	5% (35)
	d) a retirement hotel or boarding house	1% (4)
	e) a senior citizens' apartment with central dining	5% (35)
	f) a home where older people live together and receive some care	5% (36)
	g) other - don't know or no response	11% (76)

Sixty-five percent (449) preferred a single family home; 8% preferred an apartment; 5% (35) preferred a trailer or mobile home; 1% (4) preferred a retirement hotel or boarding house; 5% (35) preferred a senior citizens' apartment with central dining, 5% (35) preferred a home where people live together and receive some care.

When these housing preferences are compared to marital status, who prefers what type of housing becomes more clear.

Table E-21

Housing Preferences

marital status	single family home	apartment	mobile home	hotel of boarding house	apartment complex with central dining	home with services	other	D.N.-N.R.	Total
married	74% (246)	4% (12)	6% (20)	1% (2)	3% (9)	3% (11)	0% (1)	9% (31)	100% (332)
non-married	57% (203)	12% (43)	4% (15)	1% (2)	7% (26)	7% (25)	1% (2)	12% (42)	100% (358)
TOTAL	(449)	(55)	(35)	(4)	(35)	(36)	(3)	(73)	(690)

The majority of married respondents preferred a single family home. This was also true of non-married (widowed, divorced, separated, and single) categories of respondents. Yet the non-married categories of respondents showed a greater interest in multiple unit dwelling. Twelve percent (43) expressed an interest in apartments, 4% (15) in a mobile home, 1% in a boarding house or hotel, 7% (26) in an apartment complex with central dining facilities, and 7% (25) in a home where people receive some care (home with services or nursing home). The persons who are or who have become singles or non-married tend to have begun to perceive apartment style living with some of its particular conveniences such as smallness and lessened responsibility for property and home maintenance as desirable. A number have also begun to see themselves in need of specialized care facilities. It should be remembered that although these percentages are small, they represent a fairly large number of citizens.[2]

The types of housing needed are not of one dimension such as just for single females. Rather, there is a significant need for housing to accomodate non-married and married persons with various degrees of services. Here again, it should be remembered that it was the married and younger persons who expressed a propensity to move. The number of people desiring to be free of the burden of maintaining property and desiring the conveniences of smaller places undoubtedly would fill several apartment complexes with and without dining facilities were they available.

In summary, a house is that physical structure where one carries on much of the activities necessary for survival. Traditionally, especially for women,

---

[2]Another table not presented in this analysis compared present ownership status with the preferred type of housing. Sixty-eight percent (380) of those who owned their own homes were interested in a single family home, while 6% (31) of this group wanted an apartment. Yet, 45% (37) of the individuals who rented want their own home, while 27% (22) of the same group preferred an apartment.

the home is where one spends most of his time. Under such circumstances, a home comes to represent much more than shelter; rather, it comes to represent a style of life. This style includes one's past, his present and a possible view of the future. For the elderly, more likely to be confined to the home for longer periods of time, faced with increasing physical disabilities and usually forced to survive on a limited income, the home can represent what they have to live for.

This report has demonstrated that for a small percentage of persons that can be classified as elderly, there is a dire need for immediate housing. There are a number of types of housing possible: multiple unit complexes with minimal services such as central dining facilities, private apartments, low income housing, rest homes (which are currently filled to capacity with waiting lists),etc. The types of housing undertaken should depend not only upon the resources available but also the wishes and needs of the elderly population to be served. Thus, it becomes necessary not to look at nursing homes or any one particular type of housing as a cure to all housing problems. In the sense that a house comes to be an extension of the person, to put people into nursing homes before they themselves see the need to be there, can be the destruction of that person as a viable ongoing human.

It is the recommendation of this researcher that immediate programs be put into effect to alleviate the dire needs of this cohort. Although this population is not highly visible, although they are a small percentage in terms of the total elderly population, their needs are real and our responsibility is not less than if there were more.

Needless to say, the data does justify the additions to or expansion of existent rest homes and the development of low income housing. Undoubtedly, the need is much greater than our percentages attest to for the following

reasons: 1) a fatalism of the elderly that what they do have is all they will have, and it is best to be satisfied, 2) for some to complain is to show weakness, and 3) finally, for others, that if I complain about what I have, I will be sent to a rest home.

Although the evidence presented would support the conclusion that the greatest percentage of the residents of the five-county area live in housing with basic conveniences such as water, plumbing, electricity, etc., in no way does this report arrive at the conclusion that life cannot be made more meaningful, less dangerous, and comfortable for these persons in terms of improved housing conditions.

The overwhelming majority prefer to live in their own homes. It is their right to do so, and it is the most reasonable cost housing. For many who prefer to remain in their own homes, programs could be established to allow them to remain in their home as long as possible. These programs include homemaker services, including chore services and moving services, transportation services, tax relief, low interest loans, volunteer programs to engage in such activities as lowering cupboards, putting hand rails on stairs, repairing walls, etc., and other physical alterations that allow the occupants to remain independent, and other services tailored to fit the needs of the population.

APPENDIX E

(Reference tables containing Housing data for each county)

Appendix E

Table 1*

Housing

Daniels County N=85

Type of dwelling unit.	a) house	86% (73)
	b) apartment	5% (4)
	c) mobile home trailer	2% (2)
	d) room in hotel or boarding house	5% (4)
	e) room in home of friend or relative	0% (0)
	f) a nursing home or partial care home	1% (1)
	g) duplex or other	0% (0)
Total number in household.	a) one person	42% (36)
	b) two persons	44% (37)
	c) three persons	8% (7)
	d) four or more persons	6% (5)
Do you own or rent this apartment?	a) own or buying	78% (67)
	b) rent	13% (11)
	c) rent free	2% (2)
	d) other	6% (5)
Amount of rent or purchase payments for living unit.	a) less than $25	1% (1)
	b) $25-$49	6% (5)
	c) $50-$74	5% (4)
	d) $75-$99	2% (2)
	e) $100-$124	0% (0)
	f) $125 or more	1% (1)
Do you have an electric, gas or wood burning stove?	a) electric or gas	95% (81)
	b) wood or coal	0% (0)
	c) other	5% (4)
	d) no, none	0% (0)
Do you have electric, gas or wood heat in this home?	a) electric or gas	56% (48)
	b) wood or coal	1% (1)
	c) other	42% (36)
	d) no, none	0% (0)
Are there indoor bathroom facilities in this home?	a) yes	92% (78)
	b) no	8% (7)
Do you have a bathtub or shower in this home?	a) yes	92% (78)
	b) no	8% (7)

Appendix E

Table 1*

Page 2

Is the temperature usually comfortable in your home during the winter?	a) yes	91% (77)
	b) no	7% (6)
How well are you satisfied with your housing?	a) satisfied	81% (69)
	b) not satisfied	16% (14)
Can you see any problems with your housing in the future?	a) yes	26% (22)
	b) no	73% (62)
Since your retirement, have you ever considered moving?	a) no	85% (72)
	b) yes	13% (11)
	c) am planning to move	1% (1)
If you had to move, would you want to move to one of the following living arrangements?	a) a single-family home	59% (50)
	b) an apartment	12% (10)
	c) a trailer or mobile home	4% (3)
	d) a retirement hotel or boarding house	0% (0)
	e) a senior citizens' apartment with central dining	7% (5)
	f) home with services	6% (5)
	g) other	7% (6)
Would you like help with obtaining better housing?	a) yes	9% (8)
	b) no	91% (77)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Appendix E

Table 2*

Housing

Phillips County N=80

Type of dwelling unit.	a) house	86% (69)
	b) apartment	8% (6)
	c) mobile home trailer	0% (0)
	d) room in hotel or boarding house	1% (1)
	e) room in home of friend or relative	0% (0)
	f) a nursing home or partial care home	0% (0)
	g) duplex or other	0% (0)
Total number in household.	a) one person	49% (39)
	b) two persons	48% (38)
	c) three persons	3% (2)
	d) four or more persons	1% (1)
Do you own or rent this apartment?	a) own or buying	85% (68)
	b) rent	10% (8)
	c) rent free	3% (2)
	d) other	3% (2)
Amount of rent or purchase payments for living unit.	a) less than $25	0% (0)
	b) $25-$49	5% (4)
	c) $50-$74	4% (3)
	d) $75-$99	0% (0)
	e) $100-$124	0% (0)
	f) $125 or more	0% (0)
Do you have an electric, gas or wood burning stove?	a) electric or gas	99% (79)
	b) wood or coal	0% (0)
	c) other	0% (0)
	d) no, none	1% (1)
Do you have electric, gas or wood heat in this home?	a) electric or gas	96% (77)
	b) wood or coal	1% (1)
	c) other	3% (2)
	d) no, none	0% (0)
Are there indoor bathroom facilities in this home?	a) yes	96% (77)
	b) no	4% (3)
Do you have a bathtub or shower in this home?	a) yes	95% (76)
	b) no	4% (3)

Appendix E

Table 2*

Page 2

Is the temperature usually comfortable in your home during the winter?	a) yes	98% (78)
	b) no	0% (0)
How well are you satisfied with your housing?	a) satisfied	91% (73)
	b) not satisfied	9% (7)
Can you see any problems with your housing in the future?	a) yes	25% (20)
	b) no	73% (58)
Since your retirement, have you ever considered moving?	a) no	85% (68)
	b) yes	11% (9)
	c) am planning to move	1% (1)
If you had to move, would you want to move to one of the following living arrangements?	a) a single-family home	75% (60)
	b) an apartment	6% (5)
	c) a trailer or mobile home	3% (2)
	d) a retirement hotel or boarding house	0% (0)
	e) a senior citizens' apartment with central dining	1% (1)
	f) home with services	6% (5)
	g) other	1% (1)
Would you like help with obtaining better housing?	a) yes	3% (2)
	b) no	98% (78)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Appendix E

Table 3*

Housing

Roosevelt County N=225

Type of dwelling unit.	a) house	86%	(194)
	b) apartment	3%	(6)
	c) mobile home trailer	8%	(19)
	d) room in hotel or boarding house	0%	(0)
	e) room in home of friend or relative	0%	(0)
	f) a nursing home or partial care home	0%	(1)
	g) duplex or other	0%	(0)
Total number in household.	a) one person	37%	(83)
	b) two persons	44%	(99)
	c) three persons	8%	(19)
	d) four or more persons	11%	(24)
Do you own or rent this apartment?	a) own or buying	87%	(195)
	b) rent	9%	(21)
	c) rent free	4%	(8)
	d) other	0%	(0)
Amount of rent or purchase payments for living unit.	a) less than $25	1%	(2)
	b) $25-$49	5%	(12)
	c) $50-$74	4%	(10)
	d) $75-$99	1%	(2)
	e) $100-$124	1%	(2)
	f) $125 or more	0%	(1)
Do you have an electric, gas or wood burning stove?	a) electric or gas	96%	(216)
	b) wood or coal	2%	(5)
	c) other	1%	(3)
	d) no, none	0%	(0)
Do you have electric, gas or wood heat in this home?	a) electric or gas	88%	(197)
	b) wood or coal	2%	(4)
	c) other	10%	(22)
	d) no, none	0%	(0)
Are there indoor bathroom facilities in this home?	a) yes	95%	(213)
	b) no	5%	(12)
Do you have a bathtub or shower in this home?	a) yes	94%	(212)
	b) no	6%	(13)

Appendix E

Table 3*

Page 2

Is the temperature usually comfortable in your home during the winter?	a) yes	97% (218)
	b) no	3% (6)
How well are you satisfied with your housing?	a) satisfied	83% (187)
	b) not satisfied	16% (36)
Can you see any problems with your housing in the future?	a) yes	20% (45)
	b) no	79% (178)
Since your retirement, have you ever considered moving?	a) no	83% (186)
	b) yes	27% (37)
	c) am planning to move	0% (0)
If you had to move, would you want to move to one of the following living arrangements?	a) a single-family home	65% (148)
	b) an apartment	4% (9)
	c) a trailer or mobile home	8% (17)
	d) a retirement hotel or boarding house	0% (1)
	e) a senior citizens' apartment with central dining	2% (5)
	f) home with services	6% (14)
	g) other	8% (17)
Would you like help with obtaining better housing?	a) yes	7% (16)
	b) no	92% (208)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Appendix E

Table 4*

Housing

Sheridan County N=132

Type of dwelling unit.	a) house	89%	(118)
	b) apartment	4%	(5)
	c) mobile home trailer	2%	(3)
	d) room in hotel or boarding house	1%	(1)
	e) room in home of friend or relative	1%	(1)
	f) a nursing home or partial care home	0%	(0)
	g) duplex or other	0%	(0)
Total number in household.	a) one person	44%	(58)
	b) two persons	45%	(60)
	c) three persons	8%	(11)
	d) four or more persons	2%	(3)
Do you own or rent this apartment?	a) own or buying	87%	(115)
	b) rent	9%	(12)
	c) rent free	4%	(5)
	d) other	0%	(0)
Amount of rent or purchase payments for living unit.	a) less than $25	1%	(1)
	b) $25-$49	0%	(0)
	c) $50-$74	6%	(8)
	d) $75-$99	0%	(0)
	e) $100-$124	0%	(0)
	f) $125 or more	2%	(3)
Do you have an electric, gas or wood burning stove?	a) electric or gas	97%	(128)
	b) wood or coal	0%	(0)
	c) other	1%	(1)
	d) no, none	0%	(0)
Do you have electric, gas or wood heat in this home?	a) electric or gas	70%	(93)
	b) wood or coal	0%	(0)
	c) other	30%	(39)
	d) no, none	0%	(0)
Are there indoor bathroom facilities in this home?	a) yes	95%	(12[illegible]
	b) no	5%	([illegible]
Do you have a bathtub or shower in this home?	a) yes	94%	(124)
	b) no	6%	(8)

Appendix E

Table 4*

Page 2

Is the temperature usually comfortable in your home during the winter?	a) yes	96% (127)
	b) no	2% (2)
How well are you satisfied with your housing?	a) satisfied	88% (116)
	b) not satisfied	12% (16)
Can you see any problems with your housing in the future?	a) yes	23% (30)
	b) no	77% (101)
Since your retirement, have you ever considered moving?	a) no	85% (112)
	b) yes	14% (19)
	c) am planning to move	0% (0)
If you had to move, would you want to move to one of the following living arrangements?	a) a single-family home	58% (76)
	b) an apartment	12% (16)
	c) a trailer or mobile home	5% (7)
	d) a retirement hotel or boarding house	1% (1)
	e) a senior citizens' apartment with central dining	12% (16)
	f) home with services	4% (5)
	g) other	4% (5)
Would you like help with obtaining better housing?	a) yes	5% (6)
	b) no	95% (126)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Appendix E

Table 5*

Housing

Valley County N=168

Type of dwelling unit.	a) house	34%	(141)
	b) apartment	5%	(8)
	c) mobile home trailer	5%	(8)
	d) room in hotel or boarding house	1%	(1)
	e) room in home of friend or relative	1%	(1)
	f) a nursing home or partial care home	1%	(1)
	g) duplex or other	0%	(0)
Total number in household.	a) one person	40%	(68)
	b) two persons	46%	(77)
	c) three persons	8%	(14)
	d) four or more persons	5%	(8)
Do you own or rent this apartment?	a) own or buying	79%	(132)
	b) rent	18%	(31)
	c) rent free	0%	(0)
	d) other	1%	(2)
Amount of rent or purchase payments for living unit.	a) less than $25	0%	(0)
	b) $25-$49	7%	(11)
	c) $50-$74	9%	(15)
	d) $75-$99	3%	(5)
	e) $100-$124	2%	(3)
	f) $125 or more	4%	(6)
Do you have an electric, gas or wood burning stove?	a) electric or gas	96%	(161)
	b) wood or coal	2%	(3)
	c) other	0%	(0)
	d) no, none	0%	(0)
Do you have electric, gas or wood heat in this home?	a) electric or gas	96%	(162)
	b) wood or coal	2%	(3)
	c) other	0%	(0)
	d) no, none	0%	(0)
Are there indoor bathroom facilities in this home?	a) yes	95%	(159)
	b) no	5%	(8)
Do you have a bathtub or shower in this home?	a) yes	95%	(159)
	b) no	5%	(8)

Appendix E

Table 5*

Page 2

Is the temperatue usually comfortable in your home during the winter?	a) yes	90% (152)
	b) no	5% (9)
How well are you satisfied with your housing?	a) satisfied	79% (132)
	b) not satisfied	20% (34)
Can you see any problems with your housing in the future?	a) yes	24% (41)
	b) no	70% (117)
Since your retirement, have you ever considered moving?	a) no	77% (130)
	b) yes	18% (30)
	c) am planning to move	2% (3)
If you had to move, would you want to move to one of the following living arrangements?	a) a single-family home	68% (115)
	b) an apartment	8% (14)
	c) a trailer or mobile home	4% (6)
	d) a retirement hotel or boarding house	1% (1)
	e) a senior citizens' apartment with central dining	4% (7)
	f) home with services	4% (7)
	g) other	5% (9)
Would you like help with obtaining better housing?	a) yes	5% (9)
	b) no	93% (157)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

TRANSPORTATION

Mobility is moving or the possibility of moving from one point to another. Transportation is the mode or means utilized in being mobile when distances are too far to traverse by walking or when particular handicaps do not allow one to walk. In Northeastern Montana, an area characterized by space, transportation becomes critical for everyday survival. The area under study is an area in which general services, grocery stores, medical services, dental services, friends and family are scattered within a 15,709 square mile area. Some towns do not have doctors or dentists; family and friends could be living in other towns; and grocery stores and other stores in some areas are non-existent and in other areas carry only limited supplies. Within this setting, there is little public means of transportation. Limited bus service extends into only part of the five-county area. Airline services are provided to two of the counties and Amtrack reaches a limited number of the towns. Mobility in these counties is primarily dependent upon the automobile.

For the elderly, there is the possibility of additional problems that can severely limit mobility. These problems are two-fold, health problems and limited income. With increasing age, physical mobility can become restricted due to failing health. Yet during this time, mobility is as critical as before if not more so as failing health often requires medical attention, special diets and so forth. To be isolated from meaningful relationships during this time can do no more than to add to an already difficult situation. To be old is to often live on a limited income. Thus, as physical mobility becomes restricted, the means of transportation that would allow one to maintain necessary services and/or social contacts are possibly denied the person.

Furthermore, Northeastern Montana is known for its climatic extremes. Temperatures can range from -40 to a +100. Winds can be calm or near gale force. Without an automobile the elderly become the victims of nature. Going to the store, to the doctor or other places becomes determined by nature if one is limited to walking. Without an automobile or the access to one, the elderly face the possibility of going without necessary services and goods and, as important, face the possibility of becoming socially isolated. Thus, in an area in which the automobile is the major means of transportation, the most basic indicator of the population faced with transportation problems is those who either do not have a car or who cannot drive.

Table F-1

Do You Own or Drive a Car?	
Yes	65% (449)
No	33% (225)
Other	2% (16)

Sixty-five percent (449) of the respondents indicated that they did own and drive a car; 33% (225) indicated that they either did not own a car or did not drive. Twenty-one percent of those who did not own or drive a car indicated that their only means of transportation was walking. It is this group of persons that becomes the major focus in describing the need for transportation and the conditions leading to this need. In order to describe this need, let us examine the relationship between age, sex, marital status, health and income and owning and driving an automobile.

Table F-2

Do You Own and Drive a Car?

Age	Yes	No do not drive	D.N.-N.R.	Total
less than 69	78% (242)	20% (60)	1% (5)	100% (307)*
70-79	62% (146)	37% (87)	2% (4)	100% (237)
80+	41% (55)	55% (74)	4% (6)	100% (135)
D.N.-N.R.	55% (6)	36% (4)	9% (1)	100% (11)
TOTAL	(449)	(225)	(16)	(690)

*Does not equal 100% due to rounding off.

Of those persons under age 69, 78% still drove, 20% did not. At the upper end of the age brackets, 37% of those 70-79 did not drive, and 55% of those 80 and above did not drive. Thus, those of the older ages are more likely to be without a personal means of auto transportation.

Table F-3

Do You Own or Drive a Car?

	Yes	No do not drive	D.N.-N.R.	Total
Male	82% (271)	15% (51)	3% (10)	100% (332)
Female	50% (178)	49% (174)	2% (6)	100% (358)*
TOTAL	(449)	(225)	(16)	100% (690)

*Does not equal 100% due to rounding off.

Table F-4

Do You Own or Drive a Car?

Marital Status	Yes	No	Other	Total
Married	85% (282)	14% (47)	1% (3)	100% (332)
Non-married	47% (167)	50% (178)	4% (13)	100% (358)*

*Does not equal 100% due to rounding off.

Table F-3 shows that 82% (271) of the males drove while only 50% (178) of the females drove. When marital status is accounted for, the number of non-drivers becomes more noticeable. Of those who were married, 85% drive, 14% do not. Of those who were non-married (widowed, divorced, separated, or single), 47% drove; 50% did not drive. Thus, the non-drivers were predominately non-married women. In those instances where a married couple or two individuals living together do not drive, two persons are faced with transportation problems. These situations are often those of a disabled or ill husband and a wife who has never learned to drive. Under these conditions, the realization that there is no ready transportation should an emergency arise creates a stressful situation. When total number in household is related to the capacity to drive, it becomes evident that those who live alone are the least mobile.

Table F-5

Do You Own or Drive a Car?

Total no. in household	Yes	No	N.R.-N.A.	Total
1 person	47% (134)	50% (141)	3% (9)	100% (284)
2 people	81% (253)	18% (57)	1% (2)	100% (312)
3 or more	66% (61)	29% (27)	5% (5)	100% (93)
D.N.-N.R.	100% (1)	0% (0)	0% (0)	100% (1)
TOTAL	(449)	(225)	(16)	(690)

Fifty percent (141) of those persons living by themselves did not drive; whereas, 18% (57) of those households with two persons, and 29% of those with three or more persons did not drive. Thus, those persons who were physically and socially isolated by living alone have a high chance of being further isolated by a lack of personal auto transportation. This isolation extends to limiting social relationships, obtaining medical care, and carrying out

everyday activities such as shopping and getting the mail.

Because driving a car demands physical alertness and stamina, there are often many reasons affecting the decision to no longer drive, including one's legal capacity (i.e., failing eyesight, physical handicaps, etc.) to drive as well as one's confidence in his physical ability.

Table F-6

Do You Own or Drive a Car?

How has your health been recently?				
Good, very good	69% (315)	29% (133)	2% (10)	100% (458)
Average	62% (109)	36% (64)	2% (4)	100% (177)
Poor	43% (21)	53% (26)	4% (2)	100% (49)
D.N.-N.R.	67% (4)	33% (2)	0% (0)	100% (6)

Of those who rated their health as good or very good, 69% still drove, 29% did not. Of those 177 who rated their health as average, 62% (109) still drove, 36% (64) did not. Of those who rated their health as poor, 43% still drove, 53% did not.

Table F-7

Do You Own or Drive a Car?

Do you have any problems getting around the house?	Yes	No do not drive	D.N.-N.R.	Total
No	67% (421)	31% (196)	2% (13)	100% (630)*
Yes	38% (24)	57% (36)	5% (3)	100% (63)*
D.N.-N.R.	57% (4)	43% (3)	0% (0)	100% (7)
TOTAL	(449)	(225)	(16)	(690)

*Does not equal 100% due to rounding off.

Table F-7 shows that of those who did not have problems getting around the house, 67% still drove, 30% did not. Of those 63 who did have problems getting around the house, 38% still drove, 57% did not. Therefore, as the respondent's rating of his health became worse or his ability to get around the house became impaired, the more likely he was to no longer drive. This means that those most often in need of medical care or least able to take care of their business by walking were the least likely to be able to get to those services by car. It also becomes apparent that there are a number of persons who drive in poor health or with impaired physical ability either because they still desire to do so or as likely because they are forced to do so to survive. It is likely that many of these persons would take advantage of a transportation system if it were available.

Even if one does have his health and can drive, there is a major obstacle to owning and driving a car known as money. A car is not only an expensive item to buy but also an expensive item to maintain. Given that the majority of elderly are on fixed incomes, the possibility of financing an automobile becomes increasingly less.

Table F-8

Do You Own and Drive a Car?

How well does your income and your assets satisfy your needs?	Yes	No do not drive	D.N.-N.R.	Total
Very well	68% (166)	31% (75)	1% (2)	100% (243)
Fairly well	68% (249)	30% (112)	2% (8)	100% (369)
Poorly	42% (28)	52% (35)	6% (4)	100% (67)
D.N.-N.R.	55% (6)	27% (3)	18% (2)	100% (11)
TOTAL	(449)	(225)	(16)	100% (690)

Thirty-one percent (75) of those whose income and assets satisfied their

needs very well said they did not drive; 30% (112) of those whose income and assets satisfied their needs fairly well and 52% (35) of those whose incomes and assets satisfied their needs poorly said they did not drive.

From the above data, one can begin to describe the person or persons most likely to be without an automobile and thus severely limited in his/her mobility. Those who are non-married, female, older, living alone and poor are the ones most likely to be without transportation. Those most likely to be isolated by age, by living alone, by health and by not having the money to engage in many social activities are further isolated by a lack of transportation.

To this point nothing has been said about those who perhaps desire to quit driving due to many possible factors such as health, income, etc., but continue to drive out of necessity. It should also be added that there is possibly a number who do not drive during certain types of conditions such as snow pack, ice, extreme heat, long distances, etc. The data to examine those categories of people are not available within the present data but many would certainly utilize public transportation if available.

Having established the lack of transportation for a number of elderly, the question emerges as to the recognition of this lack of mobility. Table F-9 asks a series of questions concerning the convenience of getting to various services. How the word "convenience" was interpreted by the respondents is open to question. Most likely, the respondents interpreted the meaning not in terms of comfort but in terms of the ability to get to basic and critical services.

Table F-9*

Convenience Getting to Services

Is it convenient for you to go to shopping places?	yes	83% (575)
	no	13% (89)
Is it convenient for you to go to your doctor or clinic?	yes	81% (562)
	no	15% (101)
Is it convenient for you to go to church?	yes	81% (560)
	no	7% (45)
Is it convenient for you to go to the post office?	yes	87% (602)
	no	6% (39)
Is it convenient for you to go to a restaurant?	yes	42% (287)
	no	5% (36)
Is it convenient for you to go to a public park?	yes	69% (475)
	no	6% (43)
Is it convenient for you to visit friends?	yes	50% (345)
	no	6% (42)
Is it convenient for you to go to the public library?	yes	85% (587)
	no	5% (35)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Thirteen percent (89) said it was not convenient for them to go to shopping places, and 15% (101) said it was not convenient for them to go to a doctor or clinic. An average of approximately 6% of the respondents said it was not convenient to go to the post office, restaurants, or a public park. It is reasonable that persons would respond to these questions in terms of the priority of that service to them. Shopping is necessary for the physical well-being of the individual and naturally assumes preference over services which might be considered more of a luxury.

To the pioneer who has lived with the barest of essentials and withstood the years of depressions, convenience is a matter relative to one's tolerance and experience level. It is also relative to the condition of

want at that time, e.g., were one quite sick and in need of medical care, transportation would be primary versus one who is in good health and forsees no problems. Just as critically, the question hints of welfare and many of those needing help may have declined to answer to maintain their sense of pride and independence.

Table F-10 gives further evidence to support this point.

Table F-10

Would You Like Transportation Related Help?

Would you like help with transportation?	yes	8% (57)
	no	92% (633)
Are you able to go shopping as often as you would like to?	yes	72% (496)
	no	9% (60)
Would you like to be able to call someone to help you shop?	yes	10% (66)
	no	83% (573)
Would you like to have stores deliver items to your home?	yes	27% (187)
	no	60% (411)

Eight percent (47) of the respondents said they would like help with transportation; 9% said they were not able to go shopping as often as they would like; 10% would like to be able to call someone to help them shop; and 27% would like to have stores deliver items to their homes. As one moves further from the connotations of welfarism, the more likely one is to request help. Only 8% asked for help with transportation, but 27% would like the stores to deliver items to their homes. To ask for help is to make oneself dependent but the delivering of groceries can be considered part of a service that I, as a person, have paid for. Under such conditions, it is possible for the person to see himself as viable and, more critically, as not dependent upon welfare programs. Freedom and independence, a question of importance to all of us, becomes critical to the elderly faced with seeing

themselves as dependent. It is of importance to realize that seeing oneself as dependent is not only a function of becoming old but also a function of the attitudes of others towards those old. Thus, any program must necessarily consider not only the feelings and attitudes of the elderly but also those of the larger community and the program administrators if the program is to be a success.

Taking into account that many of those who either desire or would utilize a transportation program did not admit to such on this survey, what can be said of those who did desire transportation aid?

Table F-11

Would You Like Help with Transportation?

Age	Yes	No	Total
55-69	6% (18)	94% (289)	100% (307)
70+	10% (38)	90% (334)	100% (372)
D.N.-N.R.	9% (1)	91% (10)	100% (11)
TOTAL	(57)	(633)	(690)

Of those in the sample, 6% of those 55-69 years of age and 10% of those 70 years of age or older stated that they would like help with transportation. Although there is increasing interest in transportation as age increases, it is not as definitive as one might expect. The variables of sex and marital status play a more critical role in determining who has a desire for help with transportation.

Table F-12

Would You Like Help with Transportation?

Sex	Yes	No	Total
Male	3% (11)	97% (321)	100% (332)
Female	13% (46)	87% (312)	100% (358)
TOTAL	(57)	(633)	(690)

Table F-13

Would You Like Help with Transportation?

Marital Status	Yes	No	Total
Married	3% (10)	97% (322)	100% (332)
Non-married	13% (47)	87% (311)	100% (358)
TOTAL	(57)	(633)	(690)

Three percent (11) of all males said they would like help with transportation, and 13% (46) of all females said they would like help with transportation. When marital status is considered, the same percentages appear. Three percent of those persons who are married and 13% of those who are non-married expressed an interest in transportation help. Of a total of 57 people who said they would like help with transportation, 83% (47) are non-married, most of whom are women. It was this group also that were the most likely to be unable to drive and the group most likely to be living alone.

Table F-14

Total Number in Household

Would you like help with transportation	1	2	3+	D.N.-N.R.	Total
Yes	70% (40)	26% (15)	4% (2)	0% (0)	(57)
No	39% (244)	47% (297)	14% (91)	0% (1)	(633)
TOTAL	(284)	(312)	(93)	(1)	(690)

As indicated in Table F-14, 70% (40) of those desiring help with transportation lived alone; 26% (15) lived in households of two persons; and 4% (2) lived in households of three or more persons. Thus, those expressing a desire for transportation aid predominately lived alone, but it should be

noted that there is also a number of persons in households of two or more that desire transportation.

Because those with health impairments are likely to be unable to drive, it would seem likely that persons with health problems would desire transportation help.

Table F-15

Would You Like Help with Transportation?

Do you have problems getting around the house?	Yes	No	D.N.-N.R.	Total
Yes	21% (12)	77% (49)	2% (1)	100% (57)*
No	8% (44)	91% (576)	1% (8)	100% (633)
TOTAL	(56)	(625)	(9)	(690)

*Does not equal 100% due to rounding off.

Utilizing the ability to get around the house as an indicator of health, 21% (12) of those who have problems getting around the house would like help with transportation; whereas, 77% of those who have problems getting around the house would not like help with transportation. On the other hand, 8% of those who do not have problems getting around the house would like transportation help.

The relationship of the ability of one's income and assets to the desire for transportation help indicates that persons whose incomes satisfy their needs in varying degrees expressed a desire for transportation help.

Table F-16

Would You Like Help with Transportation?

How well does your income and your assets satisfy your needs?	Yes	No	Total
Very Well	7% (16)	93% (227)	100% (243)
Fairly Well	8% (30)	92% (339)	100% (369)
Poorly	16% (11)	84% (56)	100% (67)
D.N.-N.R.	0% (0)	100% (11)	100% (11)
TOTAL	(57)	(358)	(690)

Of those people whose income and assets satisfied their needs very well, 7% (16) said they would like help with transportation. Of those who said their income and assets satisfied their needs poorly, a substantially higher figure of 16% (11) said they would like help with transportation. If one combines those whose incomes might be considered marginal, i.e., their income and assets satisfy their needs fairly well or poorly, 72% of those who desire help belong in that category. How does one explain the 28% or those whose income was seen to be more than adequate? It is commonly assumed that those "with money" can hire someone to transport them. In the panels it was repeatedly brought out that there was no one available to hire for such tasks. Secondly, some of those whom the public felt should be wealthy enough to hire transportation personally face the uncertainty of not knowing how long their relatively fixed (even if presently adequate) income will last, or if it will be needed for an emergency. These financially well-off can also be faced with health problems, not knowing how to drive, preferring not to drive, etc.

To this point, the analysis of transportation needs has focused on general characteristics contributing to an inability to drive or own a car and

the characteristics of the cohort that desire transportation related help. Because one of the first questions asked is usually related to the older American's ability to obtain medical services, let us examine the special case of transportation and medical services in the five-county area. It must be remembered that medical facilities in this area are sparse and often ill-equipped to deal with the special health conditions of aging.

For those who do not own or drive a car, the conveniences of getting to a doctor or clinic becomes restricted.

Table F-17

Do You Own and Drive a Car?

Is it convenient for you to go to your doctor or clinic?	Yes	No	D.N.-N.R.	Total
Convenient	71% (398)	27% (153)	2% (11)	100% (562)
Not Convenient	38% (38)	60% (61)	2% (2)	100% (101)
D.N.-N.R.	48% (13)	41% (11)	11% (3)	100% (27)

Of those who said it was convenient to get to their doctor or clinic, 71% owned and drove a car, 27% did not. Of those who said it was not convenient to get to their doctor or dentist, 38% did own or drive a car, 60% did not.

Poor health also poses an obstacle in getting to medical services.

Table F-18

Is it Convenient for You to go to your Doctor or Clinic?

How has your health been recently?	Yes	No	D.N.-N.R.	Total
Very Good	88% (206)	10% (23)	2% (5)	100% (234)
Good	83% (186)	12% (26)	5% (12)	100% (224)
Average	76% (134)	21% (37)	3% (6)	100% (177)
Poor	67% (33)	29% (14)	4% (2)	100% (49)
D.N.-N.R.	50% (3)	17% (1)	33% (2)	100% (6)
TOTAL	(562)	(101)	(27)	(690)

Ten percent (23) of those whose health recently had been very good said it was not convenient to go to the doctor or clinic. Twelve percent (26) whose health had been good, 21% (37) whose health had been average, and 29% (14) whose health had been poor said it was not convenient for them to go to the doctor or clinic. These percentages show that the less healthy a person sees himself or herself to be, the more likely is he or she to find getting to a doctor or clinic as inconvenient. Table F-19 further illustrates the relationship between living alone and the convenience of medical services.

Table F-19

Is it Convenient for You to go to your Doctor or Clinic?

Total No. in household	Yes	No	D.N.-N.R.	Total
1 person	74% (211)	21% (59)	5% (14)	100% (284)
2 or more people	86% (350)	10% (42)	3% (13)	100% (405)
D.N.-N.R.	100% (1)	0% (0)	0% (0)	100% (1)
TOTAL	(562)	(101)	(27)	100% (690)

People living by themselves found it most difficult to get to a doctor

or clinic. Of households with only one person, 21% (59) of the people in these households found getting to a doctor or clinic difficult. In households of two or more people, 10% (42) found getting to the doctor or clinic difficult.

From these variables, a description of those most likely to find it difficult to get medical services can be made. It is not unlike the earlier description of those who have the most difficulty getting around, i.e., mobility. To be non-married, to live alone, to be without a car, to be female, to be in poor health and of low income stand out as the critical variables.

What has been described are those who are most desperate. These are the persons that would not only benefit from a transportation system designed to serve the needs of the elderly but who are in desperate need of such facilities.

To be financially well off does not necessarily mean good health; to own a car does not mean that one can drive under all conditions; to be married does not necessarily mean that both members can drive or have access to an automobile; and to be under 75 does not mean that the process of aging has no or little effect. Thus, while the report has described those most in need, it would do the reader well to remember the many who could benefit from a transportation system geared to the needs of the elderly.

APPENDIX F

(Reference tables containing Transportation data for each county)

Appendix F

Table 1*

Distribution of Responses on Transportation Related Questions

All County Totals N=690

Do you own and drive a car?	Yes	65% (449)
	No	32% (218)
	Other	2% (17)
Is it convenient for you to go shopping places?	Yes	83% (575)
	No	13% (89)
Is it convenient for you to go to your doctor or clinic?	Yes	81% (562)
	No	15% (101)
Is it convenient for you to go to church?	Yes	81% (560)
	No	7% (45)
Is it convenient for you to go to the post office?	Yes	87% (602)
	No	6% (39)
Is it convenient for you to go to restaurants?	Yes	42% (287)
	No	5% (36)
Is it convenient for you to go to a public park?	Yes	69% (475)
	No	6% (43)
Is it convenient for you to visit friends?	Yes	50% (345)
	No	6% (42)
Is it convenient for you to go to the public library?	Yes	85% (587)
	No	5% (35)
Would you like to have help with transportation?	Yes	8% (57)
	No	92% (633)
Are you able to go shopping as often as you would like to?	Yes	72% (496)
	No	9% (60)
Would you like to have stores deliver items to your home?	Yes	27% (187)
	No	60% (411)
Would you like to be able to call someone to help you shop?	Yes	10% (66)
	No	83% (573)

*Other responses to these questions not included in the above distributions include the other, no response and don't know categories.

Appendix F

Table 2*

Distribution of Responses on Transportation Related Questions

Daniels County N=85

Do you own and drive a car?	Yes	62%	(53)
	No	34%	(29)
	Other	4%	(3)
Is it convenient for you to go shopping places?	Yes	81%	(69)
	No	16%	(14)
Is it convenient for you to go to your doctor or clinic?	Yes	75%	(64)
	No	20%	(17)
Is it convenient for you to go to church?	Yes	85%	(72)
	No	7%	(6)
Is it convenient for you to go to the post office?	Yes	85%	(72)
	No	11%	(9)
Is it convenient for you to go to restaurants?	Yes	34%	(29)
	No	4%	(3)
Is it convenient for you to go to a public park?	Yes	62%	(53)
	No	9%	(8)
Is it convenient for you to visit friends?	Yes	51%	(43)
	No	5%	(4)
Is it convenient for you to go to the public library?	Yes	82%	(70)
	No	8%	(7)
Would you like to have help with transportation?	Yes	7%	(6)
	No	93%	(79)
Are you able to go shopping as often as you would like to?	Yes	73%	(62)
	No	9%	(8)
Would you like to have stores deliver items to your home?	Yes	24%	(20)
	No	59%	(50)
Would you like to be able to call someone to help you shop?	Yes	13%	(11)
	No	85%	(72)

*Other responses to these questions not included in the above distributions include the other, no response and don't know categories.

Appendix F

Table 3*

Distribution of Responses on Transportation Related Questions

Phillips County N=80

Do you own and drive a car?	Yes	65%	(52)
	No	35%	(28)
	Other	0%	(0)
Is it convenient for you to go shopping places?	Yes	80%	(64)
	No	15%	(12)
Is it convenient for you to go to your doctor or clinic?	Yes	82%	(66)
	No	14%	(11)
Is it convenient for you to go to church?	Yes	86%	(69)
	No	1%	(1)
Is it convenient for you to go to the post office?	Yes	92%	(74)
	No	4%	(3)
Is it convenient for you to go to restaurants?	Yes	49%	(39)
	No	2%	(2)
Is it convenient for you to go to a public park?	Yes	77%	(62)
	No	5%	(4)
Is it convenient for you to visit friends?	Yes	60%	(48)
	No	2%	(2)
Is it convenient for you to go to the public library?	Yes	89%	(71)
	No	4%	(3)
Would you like to have help with transportation?	Yes	15%	(12)
	No	85%	(68)
Are you able to go shopping as often as you would like to?	Yes	85%	(68)
	No	6%	(5)
Would you like to have stores deliver items to your home?	Yes	29%	(23)
	No	61%	(49)
Would you like to be able to call someone to help you shop?	Yes	12%	(10)
	No	80%	(64)

*Other responses to these questions not included in the above distributions include the other, no response and don't know categories.

Appendix F

Table 4*

Distribution of Responses on Transportation Related Questions

Roosevelt County N=225

Do you own and drive a car?	Yes	64% (143)
	No	31% (70)
	Other	2% (4)
Is it convenient for you to go shopping places?	Yes	85% (192)
	No	10% (23)
Is it convenient for you to go to your doctor or clinic?	Yes	88% (198)
	No	9% (20)
Is it convenient for you to go to church?	Yes	80% (181)
	No	7% (15)
Is it convenient for you to go to the post office?	Yes	88% (197)
	No	3% (7)
Is it convenient for you to go to restaurants?	Yes	40% (91)
	No	4% (8)
Is it convenient for you to go to a public park?	Yes	64% (145)
	No	5% (12)
Is it convenient for you to visit friends?	Yes	44% (99)
	No	6% (14)
Is it convenient for you to go to the public library?	Yes	87% (195)
	No	4% (10)
Would you like to have help with transportation?	Yes	6% (14)
	No	94% (211)
Are you able to go shopping as often as you would like to?	Yes	67% (151)
	No	7% (16)
Would you like to have stores deliver items to your home?	Yes	27% (61)
	No	60% (135)
Would you like to be able to call someone to help you shop?	Yes	4% (10)
	No	91% (20[illegible])

*Other responses to these questions not included in the above distributions include the other, no response and don't know categories.

Appendix F

Table 5*

Distribution of Responses on Transportation Related Questions

Sheridan County N=132

Do you own and drive a car?	Yes	69%	(91)
	No	30%	(38)
	Other	2%	(2)
Is it convenient for you to go shopping places?	Yes	87%	(115)
	No	11%	(14)
Is it convenient for you to go to your doctor or clinic?	Yes	86%	(114)
	No	10%	(13)
Is it convenient for you to go to church?	Yes	85%	(112)
	No	5%	(7)
Is it convenient for you to go to the post office?	Yes	92%	(122)
	No	4%	(5)
Is it convenient for you to go to restaurants?	Yes	48%	(63)
	No	5%	(7)
Is it convenient for you to go to a public park?	Yes	72%	(95)
	No	4%	(5)
Is it convenient for you to visit friends?	Yes	49%	(65)
	No	4%	(5)
Is it convenient for you to go to the public library?	Yes	86%	(113)
	No	4%	(5)
Would you like to have help with transportation?	Yes	11%	(14)
	No	89%	(118)
Are you able to go shopping as often as you would like to?	Yes	80%	(105)
	No	8%	(11)
Would you like to have stores deliver items to your home?	Yes	28%	(37)
	No	62%	(82)
Would you like to be able to call someone to help you shop?	Yes	13%	(17)
	No	77%	(102)

*Other responses to these questions not included in the above distributions include the other, no response and don't know categories.

Appendix F

Table 6*

Distribution of Responses on Transportation Related Questions

Valley County N=168

Do you own and drive a car?	Yes	65% (110)
	No	32% (53)
	Other	1% (1)
Is it convenient for you to go shopping places?	Yes	80% (135)
	No	15% (26)
Is it convenient for you to go to your doctor or clinic?	Yes	71% (120)
	No	24% (40)
Is it convenient for you to go to church?	Yes	75% (126)
	No	10% (16)
Is it convenient for you to go to the post office?	Yes	82% (137)
	No	9% (15)
Is it convenient for you to go to restaurants?	Yes	39% (65)
	No	10% (16)
Is it convenient for you to go to a public park?	Yes	71% (120)
	No	8% (14)
Is it convenient for you to visit friends?	Yes	54% (90)
	No	10% (17)
Is it convenient for you to go to the public library?	Yes	82% (138)
	No	6% (10)
Would you like to have help with transportation?	Yes	7% (11)
	No	93% (157)
Are you able to go shopping as often as you would like to?	Yes	66% (111)
	No	11% (19)
Would you like to have stores deliver items to your home?	Yes	27% (46)
	No	57% (96)
Would you like to be able to call someone to help you shop?	Yes	11% (18)
	No	77% (130)

*Other responses to these questions not included in the above distributions include the other, no response and don't know categories.

HEALTH

Health problems are often an ubiquitous condition of aging and affect all socio-economic classes of elderly. To have chronic health problems means that activities once considered intrinsic to one's way of life must often be put aside. Physical disabilities, such as arthritis, rheumatism, and the associated problems of high blood pressure and heart problems are common conditions of old age. People afflicted with these problems are often limited in what they can accomplish in the course of a day. For those individuals who are single and living alone, for those who lack transportation or have poor housing, and for those who live below the poverty level, poor health affects not only the quality of life, but more critically, their ability to cope with everyday life.

Health problems can be separated into 1) the particular problem and 2) the effect of the given health problem upon normal functioning, Table G-1 presents a listing of chronic health problems, physical problems and handicaps in the sample population. Fifty-four percent (376) of the sample said they have one or more chronic health problems. The most frequent problems were high blood pressure, 15% (102), heart condition or stroke, 12% (85), arthritis, 15% (101), diabetes, 8% (54), respiratory problems, 4% (26), and leg problems, 4% (28). It is assumed by this researcher that the distribution of health problems across the sample population is a normal distribution, roughly paralleling figures available from medical texts in the area of gerontology. For more specific information into the nature of these health conditions, it is suggested that books appropriate to this area of inquiry be studied.

Table G-1*

Chronic Health Problems, Physical Problems or Handicaps in the Sample Population N=690

1)	heart condition, including stroke	12% (85)
2)	high blood pressure	15% (102)
3)	low blood pressure	1% (5)
4)	arthritis	15% (101)
5)	diabetes	8% (54)
6)	rheumatism, including lumbago	1% (9)
7)	ulcers	1% (10)
8)	bladder condition	1% (6)
9)	bursities	0% (2)
10)	legally blind or cataracts	1% (10)
11)	other visual handicaps or problems	3% (22)
12)	respiratory problems, including bronchitis, pneumonia, smoking cough	4% (26)
13)	back condition	2% (17)
14)	abnormal blood condition	2% (12)
15)	hearing problems	4% (28)
16)	nervous condition - hypertension	1% (10)
17)	constipation	0% (2)
18)	polio	0% (1)
19)	cancer of any type	1% (6)
20)	hernia	2% (11)
21)	leg problems, including pain in legs, varicose veins	4% (28)
22)	tumor (non-malignant)	0% (2)
23)	kidney problems	1% (4)
24)	cirrosis of liver	0% (1)
25)	asthma	1% (3)
26)	neuritis	0% (2)
27)	general body aches and pains	1% (4)
28)	general signs of age	1% (4)
29)	cerebral palsy	0% (2)
30)	sinuses, allergies	1% (8)
31)	dizzy spells	1% (3)
32)	stomach condition	1% (5)
33)	weight problems	0% (2)
34)	too much water in system	1% (4)
35)	imbalance	0% (2)
36)	gout	1% (3)
37)	shingles	0% (1)
38)	thyroid, glandular problems	1% (3)
39)	parkinson's disease	1% (6)
40)	hemmorroids	0% (2)
41)	osteopetrosis	0% (1)
42)	headaches	0% (1)
43)	other	2% (15)

*Other responses to these questions not included in the above distributions include the other, don't know, no response categories.

While the accounting of chronic health problems in Table G-1 provides certain useful insights, it largely fails to show how these health problems affect other aspects of the individuals life. The mere presence of a health problem does not imply that it makes life difficult or unpleasant for the afflicted individual. The questions in Table G-2 are indicators of the relationship of health problems to activities. In looking at the responses to these questions, it should be remembered that the activities listed pose necessary, everyday survival activities.

Table G-2*

Health N=690

Do you have any difficulty with getting around the house?	no difficulty	90% (620)
	some difficulty	9% (61)
	can't do it	0% (2)
Do you have any difficulty going up and down stairs?	no difficulty	73% (502)
	some difficulty	21% (148)
	can't do it	4% (30)
Do you have any difficulty washing or bathing?	no difficulty	93% (641)
	some difficulty	6% (38)
	can't do it	1% (4)
Do you have any difficulty dressing or putting on shoes?	no difficulty	93% (644)
	some difficulty	6% (38)
	can't do it	1% (4)
Do you have any difficulty cutting your toenails?	no difficulty	83% (571)
	some difficulty	9% (62)
	can't do it	6% (43)
Do you have any difficulty watching television?	no difficulty	89% (615)
	some difficulty	5% (35)
	can't do it	2% (14)
Do you have any difficulty eating solid foods?	no difficulty	90% (621)
	some difficulty	5% (33)
	can't do it	1% (9)
Do you have any difficulty hearing over the telephone?	no difficulty	88% (606)
	some difficulty	7% (46)
	can't do it	2% (12)

*Other responses to these questions not included in the above distribution include the other, no response, and don't know categories.

The problem area most frequently encountered was that of going up and down stairs. Twenty-five percent (178) said they either had some difficulty or simply couldn't do it. Nine percent (58) of the sample said they had problems hearing over the phone or that they couldn't do it, and 15% (105) had difficulty cutting their toenails. The ability to cut one's toenails becomes important for two reasons. For persons with sugar diabetes, a slip when cutting toenails can lead to serious bleeding. Thus, many with diabetes are allowed to have their nails cut only by specially trained persons. Secondly, for those whose eyesight is failing or who are not so limber for various reasons, cutting toenails can be a difficult task. The responses to other questions in Table G-2 indicate that a substantial number of the elderly in the area have health or physical problems that significantly influence their lives.

Table G-3*

Health N=690

In general, how has your health been recently?	very good	34% (234)
	good	32% (224)
	average	26% (177)
	poor	7% (49)
Would you say that your health is better or worse than the health of other people your age?	better	74% (512)
	worse	7% (45)
	about the same	15% (106)
How often does bad health prevent you from doing the things you would like to be doing?	most of the time	11% (75)
	half of the time	11% (74)
	once in a while	43% (298)
	never	33% (231)
Last month, how many days were you sick to the point of having to give up some of your regular activities?	No days	84% (577)
	1-7 days	9% (64)
	8-14 days	3% (21)
	15-21 days	0% (2)
	22 days or more	3% (18)
When you were sick, where did you stay?	a) was not sick	83% (571)
	b) at home, in bed	3% (18)
	c) at home, but up and around	8% (57)
	d) at home of friend or relative	0% (1)
	e) hospital or nursing home	5% (34)

*Other responses not included in the above distributions include the other, no response, and don't know categories.

Table G-3 provides a self rating of the health and an indication of the extent to how health affects the aged in the sample. When the respondents were asked how their health had been recently, 34% (234) said it had been very good; 32% (224) said it had been good; 26% (177) said it had been average; and 7% (49) said it had been poor. When asked how many days they were sick to the point of having to give up some of their regular activities in the last month, the following responses were elicited. Nine percent (64) of the sample said they were sick 1-7 days; 3% (21) were sick 8-14 days while 3% (18) were sick 22 days or more. It is important to note that of the 110

individuals who were sick in the previous month, 5% (34) had had illnesses serious enough to warrant a stay in a hospital or nursing home. The remainder stayed either at home or at the home of a friend or relative. Finally, when asked how often bad health prevented them from doing the things they would like to be doing, 11% (75) said most of the time; 11% (74) said about half the time; 43% (298) said once in a while; and 33% (231) said never. If one combines category one and two, 22% of the elderly spend half or more of their time in restricted activities due to illness.

For a more specific understanding of those individuals in the sample afflicted with chronic health problems, it is possible to begin to isolate that cohort most affected by health problems.

Table G-4

Do You Have Any Chronic Health Problems?

Age	Yes	No	D.N.-N.R.	Total
less than 69	44% (135)	56% (170)	0% (1)	100% (306)
70-79	61% (145)	39% (92)	0% (0)	100% (237)
80 or older	65% (88)	34% (46)	1% (1)	100% (135)
D.N.-N.R.	58% (7)	25% (3)	17% (2)	100% (12)
TOTAL	(375)	(311)	(4)	100% (690)

As Table G-4 presents, increasing age is directly related to chronic health problems. Forty-four percent (135) of those individuals less than 69 years of age had one or more chronic health problems, while 61% (145) of those 70-79 years of age had one or more chronic health problems. For the group comprised of individuals 80 years old or older, 65% (88) had one or more chronic health problems. Table G-5 and G-6 demonstrates a relationship between sex, marital status and health.

Table G-5

Do You Have Any Chronic Health Problems?

Sex	Yes	No	D.N.-N.R.	Total
Male	47% (156)	52% (174)	1% (2)	100% (332)
Female	61% (220)	38% (137)	0% (1)	100% (358)*
TOTAL	(376)	(311)	(3)	100% (690)

*Does not equal 100% due to rounding off.

Females were more prone to having chronic health problems than were males. Forty-seven percent (156) of the males interviewed had one or more chronic health problems while 61% (220) of the females had one or more chronic health problems.

Table G-6

Do You Have Any Chronic Health Problems?

Marital Status	Yes	No	D.N.-N.R.	Total
Married	49% (163)	51% (168)	0% (1)	100% (332)
Non-married	61% (213)	39% (143)	1% (2)	100% (358)
TOTAL	(376)	(311)	(3)	100% (690)

Forty-nine percent (163) of married persons had one or more chronic health problems while of all the non-married categories of individuals, sixty-one percent (213) had one or more chronic health problems.

The analysis, to this point, has been concerned with examining the types and incidence of health problems in the sample population. Health problems need medical attention; this is not always, for many of the chronic health problems, regular medical care is required.

A general indicator of those with health problems in the sample population who were not receiving proper medical attention is presented in Table G-7.

Table G-7

Is there Anything about Your Health that You Feel is not Being Taken Care of Properly for any Reasons? (N=88)

a)	yes (only)	15% (13)
b)	(yes) arthritis	9% (8)
c)	(yes) eye problems, cataracts	8% (7)
d)	have pain or condition that doctors do not know cause of	5% (4)
e)	can't afford checkup, financial considerations	5% (4)
f)	have condition that bothers me, but haven't gone to doctor	16% (14)
g)	need dental work	7% (6)
h)	diet problems; need special diet or am overweight	2% (2)
i)	have known curable condition that has not been cleared up	2% (2)
j)	heart condition (stroke)	8% (7)
k)	diabetes	6% (5)
l)	general physical problems	6% (5)
m)	medication problems	2% (2)
n)	hearing	1% (1)
o)	need surgery	3% (3)
p)	neuritis	2% (2)
q)	respiratory problems	1% (1)
r)	other	2% (2)

A total of 13% (88) of the total sample (690) interviewed said they had a health condition that was not being taken care of properly for some reason. The question was phrased to uncover the specific medical problems the respondents had which were untreated. The problems listed in Table G-7 represent a random distribution of health problems across the sample population. It is significant in that it shows that people with all types of medical problems often needed attention that they were not receiving. The responses in Table G-8 provide an indication idea of why many elderly in the sample lacked proper medical care.

Table G-8*

Convenience and Barriers of Getting to Medical Services		N=690
Is it convenient for you to go to your doctor or clinic?	yes	81% (561)
	no	15% (101)
Are you able to go to the doctor or dentist as often as you would like to?	yes	94% (646)
	no	5% (37)
What things keep you from going to the doctor or dentist? (for those that answered "no" to the previous question) N=50	a) transportation	10% (5)
	b) no doctor in this town or near	6% (3)
	c) no dentist in this town or near	24% (12)
	d) financial - costs too much	34% (17)
	e) hard to get an appointment	10% (5)
	f) other	16% (8)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

When asked if it was convenient for them to go to their doctor or clinic, 15% (101) of the sample replied "no".[1]

Five percent (37) of the respondents replied that they were unable to go to the doctor or dentist as often as they would have liked. When these persons were asked why they were unable to go as often as they would like, two reasons become clear. The problem was either 1) the lack of transportation or the synonomous lack of a doctor or dentist in the area or 2) a lack of money. Ten percent (5) of those who found getting to a doctor or dentist difficult said lack of transportation was the reason. Six percent (3) replied that there was no doctor in the area, and 24% (12) said there was no

[1]Reference to the Transportation Section indicates that a substantial number found trips to their doctor or clinic inconvenient because of transportation difficulties. It should be remembered that "inconvenience" does not imply an inability to reach medical services. Rather, inconvenience means that finding transportation was, in many cases, difficult for the elderly and perhaps limited the frequency of necessary visits.

dentist in the area. Thirty-four percent (17) said that they were not able to go to a doctor or dentist because it cost too much. The remaining 26% (13) said they had trouble obtaining an appointment or cited other reasons as interfering with their visits.

In the area under study (15,709 square miles) doctors and small clinics are located only in the major towns and dentists are located in still fewer towns, Glasgow, Plentywood, Poplar, Wolf Point and Malta. In contrast, 60% of the elderly live in towns under 2,500 which are often 20 to 70 miles distant. For these elderly persons, getting to medical services is a matter of distance and a means to cover this distance. Even for those who live within only blocks of medical facilities, the weather extremes (and mosquitos) can often make traversing that distance problematic if not dangerous. In addition, to obtain an appointment with dentists, in particular, may mean a long waiting period.

The summarization of the elements that kept respondents from going to the doctor or dentist in Table G-8 lends particular support to the notion that lack of medical services in the area and the joint lack of access to some means of transportation are critical factors in preventing many of the elderly from obtaining the health care they needed. The transportation section specifically mentions the lack of available transportation in the area as a key factor in limiting the elderlys' access to a braod range of goods and services. Health services, in particular, are difficult to reach due to the lack of transportation. Even given the existence of a doctor or dentist nearby the residence of the elderly, physical problems such as difficulty in walking, going up and down stairs, and visual problems or climatic conditions prevent some of the elderly from going to such services in their immediate area.

In Table G-9 the convenience of going to a doctor or clinic is related

to chronic health problems in the sample population.

Table G-9

Do You Have Any Chronic Health Problems?

Convenient to go to Dr. or clinic?	Yes	No	D.N.-N.R.	Total
Yes	50% (283)	49% (277)	0% (2)	100% (562)*
No	73% (74)	27% (27)	0% (0)	100% (101)
D.N.-N.R.	70% (19)	26% (7)	4% (1)	100% (27)
TOTAL	(376)	(311)	(3)	100% (690)

*Does not equal 100% due to rounding off.

Fifty percent (283) of those who said it was convenient for them to go to their doctor or clinic said they had one or more chronic health problems. Of those who found going to the doctor or clinic inconvenient, 73% (74) said they had one or more chronic health problems. The higher incidence of health problems in the group that had difficulty in obtaining access to medical services is also presented in Table G-10.

Table G-10

Convenient to go to Doctor or Clinic

How has your health been recently?	Yes	No	D.N.-N.R.	Total
Very good	88% (206)	10% (23)	2% (5)	100% (234)
Good	83% (186)	12% (26)	5% (12)	100% (224)
Average	76% (134)	21% (37)	3% (6)	100% (177)
Poor	67% (33)	29% (14)	4% (2)	100% (49)
D.N.-N.R.	50% (3)	17% (1)	33% (2)	100% (6)
TOTAL	(562)	(101)	(27)	100% (690)

Ten percent (23) of those elderly whose health recently had been very good said it was not convenient for them to go to a doctor or clinic. Yet,

29% (14) of those whose health recently had been poor said it was not convenient for them to go to a doctor or clinic. A final table supports this relationship.

Table G-11

Have You had a Medical Checkup in the Last Year?

Are you able to go to the doctor or dentist as often as you would like to?	Yes	No	D.N.-N.R.	Total
Yes	72% (467)	27% (175)	1% (4)	100% (646)
No	65% (24)	35% (13)	0% (0)	100% (37)
D.N.-N.R.	57% (4)	14% (1)	29% (2)	100% (7)
TOTAL	(495)	(189)	(6)	100% (690)

As presented in Table G-11 individuals who had had medical checkups in the last year were a part of that group who were able to go to a doctor or dentist as often as they liked. Seventy-two percent (467) of this group said they had medical checkups in the previous year. Of those individuals who said they were not able to go to the doctor or dentist as often as they would have liked to, 65% (24) said they had had a medical checkup in the last year.

There are several possible interpretations to the percentile distributions presented in Tables G-1 through G-11. It can be argued that the older individual's health condition exists independently of his ability to obtain medical services when needed. It is more likely that there is a pyramiding of minor health problems through the years so that in the later years of retirement what was once minor and did not receive medical attention because of lack of access to medical services becomes a major problem. Available evidence tends to support this point. In any case, elderly who most

often had health problems were part of that group that had the most difficulty in getting to medical facilities or personnel. Another dimension is also relevent to this analysis.

While distance from medical services and the lack of a car or the ability to drive are the major reasons why the elderly found it inconvenient to get to a doctor or clinic, the current state of health also influences the type of response given to this question. Simply, when one is well, he is more inclined to say that it is convenient to obtain medical help than when he is ill. The perception of convenience then becomes contingent on the state of health at any given time. Thus, good health implies a greater ease in getting to medical aid than when one is hindered due to a sickness.

The background characteristics of the individuals who experienced problems in getting to medical services are much the same as those elderly who had problems with housing, transportation and nutrition. Females who were single and living alone were the group who most often found it inconvenient to go to a doctor or clinic. Tables G-12 through G-17 illustrate this point.

Table G-12

Convenient to go to Doctor or Clinic

Sex	Yes	No	D.N.-N.R.	Total
Male	87% (289)	10% (32)	3% (11)	100% (332)
Female	76% (273)	19% (69)	4% (16)	100% (358)
TOTAL	(562)	(101)	(27)	100% (690)

Ten percent (32) of all males said it was not convenient for them to go to the doctor or clinic, whereas 19% (69) of all women replied that it was not convenient for them to go to a doctor or clinic. There are several reasons why males found going to their doctor or clinic more convenient than females. The males in the sample were found in predominantly younger age

brackets and generally had less chronic health problems than did females. Males also were more prone to being able to drive and having a car than were the women who were interviewed. Marital status had a similar contributory role.

Table G-13

Convenient to go to Doctor or Clinic

Marital Status	Yes	No	D.N.-N.R.	Total
Married	86% (287)	10% (32)	4% (13)	100% (332)
Non-married	77% (275)	19% (69)	4% (14)	100% (358)
TOTAL	(562)	(101)	(27)	100% (690)

Ten percent (32) of all married individuals said it was not convenient for them to go to the doctor or clinic. Of all the non-married individuals, 19% (69) said it was not convenient for them to go to their doctor or clinic. The younger age of married persons, the greater numbers of males in this group as contrasted to the other categories of marital status, and the greater access of married individuals to cars account in part for this percentile difference. Also, the notion of two people living in a household, each receptive to the needs and well-being of their spouse, creates a greater potential for finding a means of getting to medical services than for those who are single and living alone.

Table G-14

Convenient to go to Doctor or Clinic

Total No. in household	Yes	No	D.N.-N.R.	Total
1 person	74% (211)	21% (59)	5% (14)	100% (284)
2 or more people	86% (351)	10% (42)	3% (13)	100% (406)
TOTAL	(562)	(101)	(27)	100% (690)

Twenty-one percent (59) of those individuals living by themselves said it was not convenient to go to their doctor or clinic; whereas, 10% (42) of those people living with one or more other persons said it was not convenient for them to go to the doctor or clinic. The fact that the majority of individuals living by themselves are women again singles out this group as having the most problems in obtaining ready access to medical services.

To this point, little has been said about the conditions affecting the frequency of medical checkups in the sample population. Table G-15 provides a summary of those individuals who had had a medical checkup in the last year and a summary of checkup visits prior to that year.

Table G-15 N=690

Have you had a medical checkup in the last year?	yes	72% (495)
	no	27% (189)
	D.N.-N.R.	1% (6)
How long has it been since you have had a checkup? (for those that answered "no" to the above question)	a) more than a year but less than two	7% (47)
	b) 2 to 4 years	11% (74)
	c) 4 to 10 years	5% (35)
	d) more than 10 years	3% (18)
	e) never	2% (15)

Seventy-two percent (495) of the respondents said that they had had a medical checkup in the last year, while 27% (189) had not. It could easily be speculated that those persons who had not had a checkup in the last year often had health problems which were untreated. However, the opposite proves to be the case. There is a direct relationship between health problems and annual medical checkups. Individuals who had not had a checkup in the last year commonly rated themselves in good health, while those who had a checkup did so because of health problems.

The question of the relationship of income to both health problems and the inability to obtain ready access to medical services merits final mention

in this section. It has been pointed out earlier that many elderly in the sample population were living on a small fixed income, an income which in many cases was not keeping up with inflation and cost-of-living increases. Other sections have invariably singled out low incomes as primary contributors to housing and transportation problems. The tables and analysis in the final portion of this section clearly document the fact that low incomes prevent many of the aged from receiving proper medical care.

The distribution of "yes" and "no" responses to the question in Table G-16 provides substantial support to the contention that the level of income is directly related to the frequency of visits to the doctor and, consequently, one's state of health.

Table G-16 N 690

If money were no problem, would you visit the doctor or dentist more often?	yes	29% (202)
	no	69% (473)
	D.N.-N.R.	2% (15)

Twenty-nine percent (202) of the respondents said that if money were no problem, they would visit the doctor or dentist more often. One can assume from this that many of those in Table G-15 who had not had a medical checkup in the previous year would have had checkups if they possessed the money to pay for one. Or many elderly who could not afford the transportation costs of going to a doctor undoubtedly would have gone had they the money to pay for this service. In any event, income is, in many ways, a direct and indirect cause of poor health and health care in the sample population. This is also illustrated in Table G-17.

Table G-17

N=690*

Is it necessary for you to buy prescription drugs on a regular basis?	yes	52% (361)
	no	37% (253)
How do you feel about the cost of drugs?	a) too high or expensive	82% (564)
	b) don't use any	4% (25)
	c) Public health takes care of them	3% (24)
	d) reasonable	2% (16)

*Other responses to these questions not included in the above distributions include the other, don't know, no response categories.

A majority of the elderly in the sample had to buy prescription drugs on a regular basis. When asked how they felt about the cost of drugs, 82% (564) said they were too high or expensive. It should be noted that the retail cost of drugs in the five-county area is higher than found in more urban areas, and there are few drugstores in the area which offer a senior citizens' discount on drugs. These problems compounded with low incomes do indeed make drugs costly for many of the elderly to obtain and use.

In Tables G-18 through G-20 the ability of income and assets to satisfy needs is related to convenience in obtaining access to medical services.

Table G-18

Convenient to go to Doctor or Clinic

How well do your income and assets satisfy your needs?	Convenient	Not Convenient	D.N.-N.R.	Total
Very well	86% (208)	12% (29)	3% (6)	100% (243)*
Fairly well	80% (296)	16% (59)	4% (14)	100% (369)*
Poorly	76% (51)	18% (12)	6% (4)	100% (67)
D.N.-N.R.	64% (7)	9% (1)	27% (3)	100% (11)
TOTAL	(562)	(101)	(27)	100% (690)

*Does not equal 100% due to rounding off.

Twelve percent (29) of those whose income and assets satisfied their needs very well said it was not convenient for them to go to a doctor or clinic. Of those whose income and assets satisfied their needs poorly, 18% (12) said it was not convenient for them to go to their doctor or clinic. Table G-19 further emphasizes this relationship.

Table G-19

Do You have Enough Savings to Cover an Emergency or Illness?

Convenient to go to doctor or clinic?	Yes	No	D.N.-N.R.	Total
Convenient	67% (379)	28% (155)	5% (28)	100% (562)
Not convenient	50% (51)	35% (35)	15% (15)	100% (101)
D.N.-N.R.	48% (13)	37% (10)	15% (4)	100% (27)
TOTAL	(443)	(200)	(47)	100% (690)

Twenty-eight percent (155) of the elderly who said it was convenient for them to go to a doctor or clinic said they did not have enough savings to cover an emergency or illness. Thirty-five percent (35) of the group who said it was not convenient for them to go to a doctor or clinic replied

that their savings were too small to cover an emergency or illness. The same relationship existed for those aged who were unable to visit their doctor or dentist as often as they would have liked.

Table G-20

Would You Visit Your Doctor More Often if You had More Money?

Are you able to go to your doctor or dentist as often as you would like to?	Yes	No	D.N.-N.R.	Total
Yes	28% (179)	71% (456)	2% (11)	100% (646)*
No	62% (23)	38% (14)	0% (0)	100% (37)
D.N.-N.R.	0% (0)	43% (3)	57% (4)	100% (7)
TOTAL	(202)	(473)	(15)	100% (690)

*Does not equal 100% due to rounding off.

Twenty-eight percent (179) of those who were able to visit their doctor or dentist as often as they would like said they would visit their doctor more often if they had more money. A substantially higher percentage 62% (23), of those who said they were not able to visit their doctor or dentist as often as they would like to replied the same to this question. In Tables G-21 and G-23, it should be realized that income indirectly influences access to medical services through lack of available transportation. That is, many of the elderly who were too poor to go to a doctor or clinic were likewise too poor to be able to pay for transportation to that medical service.

With low fixed incomes for many of the aged constituting a normal condition of life through the years of retirement, it can be predicted that those who cannot pay for medical aid will have greater health problems than those who are able to pay. Table G-21 brings light to this point.

Table G-21

Do You Have any Chronic Health Problems?

How well do your income and your assets satisfy your needs?	Yes	No	D.N.-N.R.	Total
Very well	43% (104)	57% (139)	0% (0)	100% (243)
Fairly well	57% (211)	43% (158)	0% (0)	100% (369)
Poorly	84% (56)	15% (10)	1% (1)	100% (67)
D.N.-N.R.	45% (5)	36% (4)	18% (2)	100% (11)
TOTAL	(376)	(311)	(3)	(690)

Forty-three percent (104) of those whose income and assets satisfied their needs very well said they had one or more chronic health problems. Yet, 84% (56) of those whose income and assets satisfied their needs poorly said they had one or more chronic health problems. For those with adequate incomes there is a greater chance of having good health and enjoying a comfortable life during retirement years. For those who are too poor to pay for the medical help they need, the outcome is often one of years of poor health and early death. The final two tables in this section further support this point.

Table G-22

Do You Have any Chronic Health Problems?

Do you have enough savings to cover an emergency or illness?	Yes	No	D.N.-N.R.	Total
Yes	48% (212)	52% (231)	0% (0)	100% (443)
No	70% (140)	30% (59)	0% (1)	100% (200)
D.N.-N.R.	51% (24)	45% (21)	4% (2)	100% (47)
TOTAL	(376)	(311)	(3)	100% (690)

Forty-eight percent (212) of the elderly who had enough savings to cover an emergency or illness said they had one or more chronic health problems. Of those elderly who did not have enough savings to cover an emergency or illness, 70% (140) said they had one or more chronic health problems. Again, the pyramiding effect of untreated health problems due to incomes insufficient to pay for medical attention are apparent. The individuals who had the lowest incomes were the group with the most chronic health problems. As would be expected, those with chronic health problems said they would visit a doctor more often if they had more money, than did those without chronic health problems.

Table G-23

Would You Visit Your Doctor More Often if You had More Money?

Do you have any chronic health problems?	Yes	No	D.N.-N.R.	Total
Yes	34% (126)	65% (244)	2% (6)	100% (376)*
No	24% (75)	74% (229)	2% (7)	100% (311)
D.N.-N.R.	33% (1)	0% (0)	67% (2)	100% (3)
TOTAL	(202)	(473)	(15)	100% (690)

*Does not equal 100% due to rounding off.

Twenty-four percent (75) of those who did not have chronic health problems said they would visit a doctor more often if they had more money. Yet 34% of those with chronic health problems said they would visit a doctor more often if they had more money.

In conclusion, the extreme rurality of the five-county area has resulted in not only limited medical services but also extremely large distances between those services.[2] For the elderly, this presents special barriers

[2]Illness and Medical Care in Eastern Montana, Prepared for the Eastern Montana Community Health Association by William McBroom, Institute for Social Science Research, University of Montana, Missoula, Montana, Publication No. 3

because they not only need to make more visits for checkups but are ill more often. To become old is often to have transportation problems. The long distances and hazardous driving conditions make getting to a doctor difficult. For those who are ill and in need of immediate attention, these barriers can become insurmountable.

Efforts should be made to insure that all elderly have access to some reasonable cost of medical insurance such as Medicare and Medicaid. Even with adequate insurance coverage, drug costs and deductible items can be costly on a fixed income.

Any programs set up for the persons age 60 and over must go beyond the level of those who are already ill. Mechanisms and programs of a preventative emphasis are needed. Such programs could be nutrition and food management services with attention given to special diets (for example, salt free, low cholesterol), public education concerning medical problems which are likely to occur and the warning signs of these problems, mobile clinics, and transportation projects which not only get those ill to the doctor but encourage regular checkups to maintain health, and any other programs tailored to fit the needs of individual communities.

Very often when the elderly do become ill, they do not require hospitalization as long as they have someone to check in on them or provide minimal services. Thus, in an area where services are scarce, it becomes even more critical to have paraprofessional services such as homemakers or home health aides. Considering that the cost of a hospital room without any of the additional charges is $45, home health services are much less costly. In addition, many people find home the most pleasant place to recover and prefer not to go to the hospital until absolutely necessary.

Lastly, the function of any health program should be to allow the people age 60 and over to maintain the type of life style they most desire. For most, this is to remain independent and in their own home.

APPENDIX G

(Reference tables containing Health data for each county)

Appendix G

Table 1*

Health

Daniels County N=85

In general, how has your health been recently?	very good	29% (25)
	good	35% (30)
	average	24% (20)
	poor	9% (8)
Would you say that your health is better or worse than the health of other people your age?	better	67% (57)
	worse	5% (4)
	about the same	24% (20)
How often does bad health prevent you from doing the things you would like to be doing?	most of the time	7% (6)
	half of the time	8% (7)
	once in a while	60% (51)
	never	22% (19)
Last month, how many days were you sick to the point of having to give up some of your regular activities?	No days	82% (70)
	1-7 days	12% (10)
	8-14 days	2% (2)
	15-21 days	0% (0)
	22 days or more	4% (3)
When you were sick, where did you stay?	a) was not sick	82% (70)
	b) at home in bed	1% (1)
	c) at home, but up and around	12% (10)
	d) at home of friend or relative	0% (0)
	e) hospital or nursing home	5% (4)
Is it necessary for you to buy prescription drugs on a regular basis?	yes	64% (54)
	no	31% (26)
How do you feel about the cost of drugs?	a) too high or expensive	85% (72)
	b) don't use any	5% (4)
	c) Public health takes care of them	0% (0)
	d) reasonable	5% (4)
Do you have any difficulty with getting around the house?	no difficulty	85% (72)
	some difficulty	11% (9)
	can't do it	0% (0)
Do you have any difficulty going up and down stairs?	no difficulty	67% (57)
	some difficulty	25% (21)
	can't do it	5% (4)

Appendix G

Table 1*

Page 2

Do you have any difficulty washing or bathing?	no difficulty	88% (75)
	some difficulty	6% (5)
	can't do it	1% (1)
Do you have any difficulty dressing or putting on shoes?	no difficulty	87% (74)
	some difficulty	8% (7)
	can't do it	0% (0)
Do you have any difficulty cutting your toenails?	no difficulty	76% (65)
	some difficulty	9% (8)
	can't do it	11% (9)
Do you have any difficulty watching television?	no difficulty	84% (71)
	some difficulty	6% (5)
	can't do it	5% (4)
Do you have any difficulty eating solid foods?	no difficulty	86% (73)
	some difficulty	8% (7)
	can't do it	1% (1)
Do you have any difficulty hearing over the telephone?	no difficulty	78% (66)
	some difficulty	11% (9)
	can't do it	1% (1)
Is it convenient for you to go to the doctor or clinic?	yes	75% (64)
	no	20% (17)
Are you able to go to the doctor or dentist as often as you would like?	yes	91% (77)
	no	9% (8)
Have you had a medical checkup in the last year?	yes	69% (59)
	no	28% (24)
How long has it been since you have had a checkup? (for those that answered "no" to the above question)	a) more than a year but less than two	6% (5)
	b) 2 to 4 years	17% (14)
	c) 4 to 10 years	4% (4)
	d) more than 10 years	2% (2)
	e) never	2% (2)
If money were no problem, would you visit the doctor or dentist more often?	yes	33% (28)
	no	66% (56)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Appendix G

Table 2*

Health

Phillips County N=80

In general, how has your health been recently?	very good	45% (36)
	good	25% (20)
	average	25% (20)
	poor	5% (4)
Would you say that your health is better or worse than the health of other people your age?	better	70% (56)
	worse	5% (4)
	about the same	20% (16)
How often does bad health prevent you from doing the things you would like to be doing?	most of the time	9% (7)
	half of the time	14% (11)
	once in a while	44% (35)
	never	34% (27)
Last month, how many days were you sick to the point of having to give up some of your regular activities?	No days	76% (61)
	1-7 days	15% (12)
	8-14 days	5% (4)
	15-21 days	0% (0)
	22 days or more	4% (3)
When you were sick, where did you stay?	a) was not sick	75% (60)
	b) at home in bed	4% (3)
	c) at home, but up and around	10% (8)
	d) at home of friend or relative	0% (0)
	e) hospital or nursing home	11% (9)
Is it necessary for you to buy prescription drugs on a regular basis?	yes	62% (50)
	no	35% (28)
How do you feel about the cost of drugs?	a) too high or expensive	87% (70)
	b) don't use any	2% (2)
	c) Public health takes care of them	0% (0)
	d) reasonable	6% (5)
Do you have any difficulty with getting around the house?	no difficulty	91% (73)
	some difficulty	9% (7)
	can't do it	0% (0)
Do you have any difficulty going up and down stairs?	no difficulty	71% (57)
	some difficulty	25% (20)
	can't do it	4% (3)

Appendix G

Table 2*

Page 2

Do you have any difficulty washing or bathing?	no difficulty	96% (77)
	some difficulty	4% (3)
	can't do it	0% (0)
Do you have any difficulty dressing or putting on shoes?	no difficulty	96% (77)
	some difficulty	4% (3)
	can't do it	0% (0)
Do you have any difficulty cutting your toenails?	no difficulty	77% (62)
	some difficulty	14% (11)
	can't do it	9% (7)
Do you have any difficulty watching television?	no difficulty	89% (71)
	some difficulty	7% (6)
	can't do it	4% (3)
Do you have any difficulty eating solid foods?	no difficulty	95% (76)
	some difficulty	5% (4)
	can't do it	0% (0)
Do you have any difficulty hearing over the telephone?	no difficulty	94% (75)
	some difficulty	6% (5)
	can't do it	0% (0)
Is it convenient for you to go to the doctor or clinic?	yes	82% (66)
	no	14% (11)
Are you able to go to the doctor or dentist as often as you would like?	yes	94% (75)
	no	6% (5)
Have you had a medical checkup in the last year?	yes	75% (60)
	no	25% (20)
How long has it been since you have had a checkup? (for those that answered "no" to the above question)	a) more than a year but less than two	2% (2)
	b) 2 to 4 years	10% (8)
	c) 4 to 10 years	9% (7)
	d) more than 10 years	2% (2)
	e) never	1% (1)
If money were no problem, would you visit the doctor or dentist more often?	yes	26% (21)
	no	74% (59)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Appendix G

Table 3*

Health

Roosevelt County N=225

In general, how has your health been recently?	very good	32%	(72)
	good	34%	(77)
	average	26%	(59)
	poor	7%	(14)
Would you say that your health is better or worse than the health of other people your age?	better	76%	(172)
	worse	9%	(20)
	about the same	11%	(25)
How often does bad health prevent you from doing the things you would like to be doing?	most of the time	12%	(27)
	half of the time	9%	(21)
	once in a while	44%	(99)
	never	32%	(72)
Last month, how many days were you sick to the point of having to give up some of your regular activities?	No days	82%	(185)
	1-7 days	9%	(21)
	8-14 days	2%	(5)
	15-21 days	1%	(2)
	22 days or more	2%	(5)
When you were sick, where did you stay?	a) was not sick	82%	(185)
	b) at home in bed	4%	(8)
	c) at home, but up and around	7%	(16)
	d) at home of friend or relative	0%	(0)
	e) hospital or nursing home	4%	(10)
Is it necessary for you to buy prescription drugs on a regular basis?	yes	42%	(94)
	no	42%	(94)
How do you feel about the cost of drugs?	a) too high or expensive	80%	(179)
	b) don't use any	5%	(11)
	c) Public health takes care of them	6%	(14)
	d) reasonable	0%	(1)
Do you have any difficulty with getting around the house?	no difficulty	91%	(205)
	some difficulty	7%	(16)
	can't do it	1%	(2)
Do you have any difficulty going up and down stairs?	no difficulty	76%	(172)
	some difficulty	16%	(37)
	can't do it	5%	(12)

Appendix G

Table 3*

Page 2

Do you have any difficulty washing or bathing?	no difficulty	95% (214)
	some difficulty	4% (8)
	can't do it	1% (1)
Do you have any difficulty dressing or putting on shoes?	no difficulty	93% (210)
	some difficulty	6% (13)
	can't do it	0% (0)
Do you have any difficulty cutting your toenails?	no difficulty	84% (188)
	some difficulty	7% (16)
	can't do it	8% (17)
Do you have any difficulty watching television?	no difficulty	92% (207)
	some difficulty	3% (6)
	can't do it	2% (4)
Do you have any difficulty eating solid foods?	no difficulty	91% (204)
	some difficulty	3% (7)
	can't do it	1% (3)
Do you have any difficulty hearing over the telephone?	no difficulty	91% (204)
	some difficulty	4% (10)
	can't do it	2% (5)
Is it convenient for you to go to the doctor or clinic?	yes	88% (198)
	no	9% (20)
Are you able to go to the doctor or dentist as often as you would like?	yes	95% (213)
	no	4% (9)
Have you had a medical checkup in the last year?	yes	70% (158)
	no	29% (65)
How long has it been since you have had a checkup? (for those that answered "no" to the above question)	a) more than a year but less than two	11% (23)
	b) 2 to 4 years	11% (23)
	c) 4 to 10 years	4% (8)
	d) more than 10 years	3% (6)
	e) never	2% (5)
If money were no problem, would you visit the doctor or dentist more often?	yes	28% (64)
	no	68% (153)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Appendix G

Table 4*

Health

Sheridan County N=132

In general, how has your health been recently?	very good	37%	(49)
	good	30%	(39)
	average	26%	(34)
	poor	7%	(9)
Would you say that your health is better or worse than the health of other people your age?	better	79%	(104)
	worse	8%	(11)
	about the same	13%	(17)
How often does bad health prevent you from doing the things you would like to be doing?	most of the time	12%	(16)
	half of the time	12%	(16)
	once in a while	40%	(53)
	never	36%	(47)
Last month, how many days were you sick to the point of having to give up some of your regular activities?	No days	88%	(116)
	1-7 days	8%	(11)
	8-14 days	0%	(0)
	15-21 days	0%	(0)
	22 days or more	4%	(5)
When you were sick, where did you stay?	a) was not sick	87%	(115)
	b) at home in bed	3%	(4)
	c) at home, but up and around	5%	(7)
	d) at home of friend or relative	0%	(0)
	e) hospital or nursing home	4%	(5)
Is it necessary for you to buy prescription drugs on a regular basis?	yes	55%	(73)
	no	35%	(46)
How do you feel about the cost of drugs?	a) too high or expensive	83%	(109)
	b) don't use any	2%	(3)
	c) Public health takes care of them	1%	(1)
	d) reasonable	5%	(6)
Do you have any difficulty with getting around the house?	no difficulty	92%	(121)
	some difficulty	8%	(11)
	can't do it	0%	(0)
Do you have any difficulty going up and down stairs?	no difficulty	77%	(101)
	some difficulty	17%	(23)
	can't do it	0%	(0)

Appendix G

Table 4*

Page 2

Do you have any difficulty washing or bathing?	no difficulty	93%	(123)
	some difficulty	6%	(8)
	can't do it	1%	(1)
Do you have any difficulty dressing or putting on shoes?	no difficulty	95%	(126)
	some difficulty	5%	(6)
	can't do it	0%	(0)
Do you have any difficulty cutting your toenails?	no difficulty	88%	(116)
	some difficulty	8%	(11)
	can't do it	4%	(5)
Do you have any difficulty watching television?	no difficulty	93%	(123)
	some difficulty	4%	(5)
	can't do it	1%	(1)
Do you have any difficulty eating solid foods?	no difficulty	90%	(119)
	some difficulty	7%	(9)
	can't do it	2%	(3)
Do you have any difficulty hearing over the telephone?	no difficulty	86%	(113)
	some difficulty	10%	(13)
	can't do it	2%	(2)
Is it convenient for you to go to the doctor or clinic?	yes	86%	(114)
	no	10%	(13)
Are you able to go to the doctor or dentist as often as you would like?	yes	97%	(128)
	no	3%	(4)
Have you had a medical checkup in the last year?	yes	80%	(106)
	no	20%	(26)
How long has it been since you have had a checkup? (for those that answered "no" to the above question)	a) more than a year but less than two	4%	(5)
	b) 2 to 4 years	4%	(5)
	c) 4 to 10 years	8%	(10)
	d) more than 10 years	3%	(4)
	e) never	2%	(2)
If money were no problem, would you visit the doctor or dentist more often?	yes	31%	(41)
	no	69%	(91)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Appendix G

Table 5*

Health

Valley County N=168

In general, how has your health been recently?	very good	31%	(52)
	good	35%	(58)
	average	26%	(44)
	poor	8%	(13)
Would you say that your health is better or worse than the health of other people your age?	better	73%	(123)
	worse	4%	(6)
	about the same	17%	(17)
How often does bad health prevent you from doing the things you would like to be doing?	most of the time	11%	(19)
	half of the time	11%	(19)
	once in a while	36%	(60)
	never	39%	(66)
Last month, how many days were you sick to the point of having to give up some of your regular activities?	No days	86%	(145)
	1-7 days	6%	(10)
	8-14 days	6%	(10)
	15-21 days	0%	(0)
	22 days or more	1%	(2)
When you were sick, where did you stay?	a) was not sick	84%	(141)
	b) at home in bed	1%	(2)
	c) at home, but up and around	10%	(16)
	d) at home of friend or relative	1%	(1)
	e) hospital or nursing home	4%	(6)
Is it necessary for you to buy prescription drugs on a regular basis?	yes	54%	(90)
	no	35%	(59)
How do you feel about the cost of drugs?	a) too high or expensive	80%	(134)
	b) don't use any	3%	(5)
	c) Public health takes care of them	5%	(9)
	d) reasonable	0%	(0)
Do you have any difficulty with getting around the house?	no difficulty	89%	(149)
	some difficulty	11%	(18)
	can't do it	0%	(0)
Do you have any difficulty going up and down stairs?	no difficulty	68%	(115)
	some difficulty	28%	(47)
	can't do it	2%	(3)

Appendix G

Table 5*

Page 2

Do you have any difficulty washing or bathing?	no difficulty	90% (152)
	some difficulty	8% (14)
	can't do it	1% (1)
Do you have any difficulty dressing or putting on shoes?	no difficulty	93% (157)
	some difficulty	5% (9)
	can't do it	1% (1)
Do you have any difficulty cutting your toenails?	no difficulty	83% (140)
	some difficulty	10% (16)
	can't do it	3% (5)
Do you have any difficulty watching television?	no difficulty	85% (143)
	some difficulty	8% (13)
	can't do it	1% (2)
Do you have any difficulty eating solid foods?	no difficulty	89% (149)
	some difficulty	4% (6)
	can't do it	1% (2)
Do you have any difficulty hearing over the telephone?	no difficulty	88% (148)
	some difficulty	5% (9)
	can't do it	2% (4)
Is it convenient for you to go to the doctor or clinic?	yes	71% (119)
	no	24% (40)
Are you able to go to the doctor or dentist as often as you would like?	yes	91% (153)
	no	7% (11)
Have you had a medical checkup in the last year?	yes	67% (112)
	no	32% (54)
How long has it been since you have had a checkup? (for those that answered "no" to the above question)	a) more than a year but less than two	7% (12)
	b) 2 to 4 years	14% (24)
	c) 4 to 10 years	3% (6)
	d) more than 10 years	3% (5)
	e) never	4% (6)
If money were no problem, would you visit the doctor or dentist more often?	yes	29% (48)
	no	68% (114)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

NUTRITION AND FOOD MANAGEMENT

To deal with the question of what constitutes a nutritionally adequate diet is a most perplexing problem. Nutritionalists are able to define the elements of a well-rounded diet but measuring the extent to which an individual conforms or departs from this diet or the consequences of this departure is difficult. A number of factors enter into the judgement of the minimal nutritional needs of a person. Such factors as physical activity, age, sex, and health conditions determine that individuals have unique dietary needs. In addition, eating habits are often determined by tradition or the past. What might not be wholly acceptable to the dietician is very acceptable to the individual. He may have eaten such a diet for most of his life and enjoys those particular foods. Then there is the person who sees his diet as adequate under certain circumstances. These circumstances may include such things as a certain level of income, the presence or absence of a spouse, distance or ability to get to shopping services, type of cooking facilities, and the perception of what constitutes a state of physical well-being. Simply, what can be considered a "good" diet is a relative concept.

Recognizing the above relativity of the measurement of diet and the limited nature of the data at hand, this section concerning nutrition will focus upon factors having an influence upon one's diet and to a very limited extent, nutrition itself.

Table H-1 presents those questions which were the most direct indicators of nutritional need.

Table II-1*

Types of Food Eaten and Dietary Judgement N=690		
In general, do you eat a good diet of food?	yes	94% (647)
	no	5% (36)
Did you eat the following kinds of food yesterday?		
a) milk, cheese or other dairy products?	yes	93% (641)
	no	5% (36)
b) any kind of meat including fish?	yes	95% (657)
	no	4% (25)
c) eggs?	yes	73% (503)
	no	25% (172)
d) green vegetables?	yes	79% (543)
	no	16% (109)
e) fruits or fruit juice?	yes	87% (601)
	no	9% (62)
f) bread or other cereal products?	yes	95% (656)
	no	3% (22)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Of the 690 people interviewed, 5% (36) stated that their diet was poor. When these persons were asked which of the major food groups were eaten the previous day, 5% (36) had not consumed milk, cheese or dairy products; 4% (25) did not eat any kind of meat; 25% (172) did not eat eggs; 16% (109) did not eat green vegetables; 9% (62) did not eat fruits or fruit juice; and 3% (22) did not eat bread or other cereal products. The lack of any of these foods on a given single day does not necessarily mean that a person's diet is not nutritional. But if these foods are not eaten over a period of time, it becomes possible to question whether or not a diet is healthful.

Of the 5% (36) who replied that their diet was poor, it is possible to determine if this group responded to other nutrition related questions differently than those people who said their diet was adequate. The following

analysis contains six tables relating the question of good or poor diet to the question asking about the types of foods eaten yesterday. Examination of these tables indicates that there is a direct relationship between the response of inadequate diet and the joint response of not having eaten that food on the previous day.

Table H-2

Did You Eat Eggs Yesterday?

Do you feel you eat a good diet of food?	Yes	No	D.N.-N.R.	Total
Yes	74% (482)	24% (156)	1% (9)	100% (647)*
No	50% (18)	44% (16)	6% (2)	100% (36)
D.N.-N.R.	43% (3)	0% (0)	57% (4)	100% (7)
TOTAL	(503)	(172)	(15)	(690)

*Does not equal 100% due to rounding off.

Table H-3

Did You Eat Bread or Cereal Products Yesterday?

Do you feel you eat a good diet of food?	Yes	No	D.N.-N.R.	Total
Yes	96% (621)	3% (19)	1% (7)	100% (647)
No	89% (32)	8% (3)	3% (1)	100% (36)
D.N.-N.R.	43% (3)	0% (0)	57% (4)	100% (7)
TOTAL	(656)	(22)	(12)	(690)

Table H-4

Did You Eat Green Vegetables Yesterday?

Do you feel you eat a good diet of food?	Yes	No	D.N.-N.R.	Total
Yes	82% (528)	14% (91)	4% (28)	100% (647)
No	39% (14)	47% (17)	14% (5)	100% (36)
D.N.-N.R.	14% (1)	14% (1)	71% (5)	100% (7)*
TOTAL	(543)	(109)	(38)	(690)

*Does not equal 100% due to rounding off.

Table H-5

Did You Eat Milk, Cheese, or Other Dairy Products Yesterday?

Do you feel you eat a good diet of food?	Yes	No	D.N.-N.R.	Total
Yes	94% (606)	5% (33)	1% (8)	100% (647)
No	89% (32)	8% (3)	3% (1)	100% (36)
D.N.-N.R.	43% (3)	0% (0)	57% (4)	100% (7)
TOTAL	(641)	(36)	(13)	(690)

Table H-6

Did You Eat Meat or Fish Yesterday?

Do you feel you eat a good diet of food?	Yes	No	D.N.-N.R.	Total
Yes	96% (622)	3% (21)	1% (4)	100% (647)
No	89% (32)	11% (4)	0% (0)	100% (36)
D.N.-N.R.	43% (3)	0% (0)	57% (4)	100% (7)
TOTAL	(657)	(25)	(8)	(690)

Table H-7

Did You Eat Fruit Yesterday?

Do you feel you eat a good diet of food?	Yes	No	D.N.-N.R.	Total
Yes	89% (576)	8% (52)	3% (19)	100% (647)
No	67% (24)	22% (8)	11% (4)	100% (36)
D.N.-N.R.	14% (1)	29% (2)	57% (4)	100% (7)
TOTAL	(601)	(62)	(27)	(690)

In Table H-2, 24% (156) of those who felt they ate a good diet of food replied that they had not eaten eggs on the previous day. Of the group that indicated they had a poor diet, 44% (16) said they had not eaten eggs. In Tables H-3 through H-7, the same relationship is observed. In each case, the group with the poor diet had eaten less of the food in question than the group who felt they ate a good diet of food. Verbal analysis of these tables further illustrates this point.

Three percent (19) of those with a good diet said they had not eaten bread or cereal products on the previous day while 8% (3) of those with a poor diet had not eaten bread or cereal products (Table H-3).

In Table H-4, 14% (91) of those who considered their diet to be good did not eat green vegetables on the previous day while 47% (17) of those with a poor diet did not eat green vegetables. On the question of dairy products, 5% (33) of those people with a good diet did not eat this food while 8% (3) of those with a poor diet did not eat this food (Table H-5). The tendancy for those with a poor diet to be deficient on certain foods is further reflected in the next two tables. In Table H-6, 3% (21) of those individuals who felt they ate a good diet of food said they had not eaten meat; whereas, 11% (4) of the poor diet group had not eaten meat.

In Table H-7, 8% (52) of the people with good diets had not eaten fruits on the previous day while 22% (8) of those people with poor diets had not eaten fruits.

These tables are significant in two respects. They indicate with some degree of certainty that what the individual considers to be a good or poor diet is more than a purely arbitrary judgement. People who felt their diets to be poor in most cases actually did eat less of the major food groups studied than those people who felt their diets to be good. These tables, along with the summary statistic distribution in Table H-1, also allow one to rank what foods were eaten most frequently and what foods were not. Excluding eggs from the analysis due to special health considerations, green vegetables were the food most infrequently eaten while bread and cereal products were the food most frequently eaten. The bread and cereal food group is, of course, the most low cost food group.

Given that there are a number of the population who could perhaps eat more nutritionally, let us consider those variables that influence one's dietary habits. It is seldom mere choice that dictates a poor diet. In the case of the elderly, there are perhaps even more conditions that begin to influence dietary habits. To desire to cook good, nutritionally balanced meals implies that one has adequate money to buy food, that he feels it is "worth it" to prepare a meal, that there are adequate cooking facilities, that he is able to go shopping, and that he feels healthy enough to want to pursue cooking efforts. If one is not cooking for himself there are similar variables that influence one's desire and ability to eat in restaurants. A review of Table H-8 reminds us that there are many in the population over age 60 that for one reason or another face barriers or restrictions in obtaining or preparing nutritional diets.

Table H-8*

Distribution of Responses on Nutrition Related Questions		N=690
Is it convenient for you to go shopping places?	yes	83% (575)
	no	13% (89)
Are you able to go shopping as often as you would like to?	yes	72% (496)
	no	9% (60)
Would you like to have stores deliver items to your home?	yes	27% (187)
	no	60% (411)
Would you like to be able to call someone to help you shop?	yes	10% (66)
	no	83% (573)
Is it convenient for you to go to restaurants?	yes	42% (287)
	no	5% (36)
Would you like to have help with housework including fixing meals?	yes	6% (41)
	no	94% (649)
Would you like information about such things as food stamps?	yes	3% (22)
	no	97% (668)
Do you have any chronic health problems?	yes	54% (375)
	no	45% (311)
How often does bad health prevent you from doing the things you would like to be doing?	most of the time	11% (75)
	half of the time	11% (74)
	once in a while	43% (298)
	never	33% (231)

*Other responses to these questions not included in the above distributions include the other, don't know, no response categories.

Thirteen percent (89) stated that it was not convenient for them to go to shopping places; 9% (60) said they could not go shopping as often as they would like; 60% (411) would like store delivery; and 10% (66) would like to be able to call someone to help them shop. Five percent found it not convenient to go to a restaurant. Six percent (41) said they would like help with housework, including fixing meals; and 3% (22) said they would like information about food stamps. When the health conditions of the sample are considered, 54% (375) of the people had chronic health problems, and 22% (149) of the people stated that bad health prevented them from doing things they

would like to be doing half of the time or most of the time.

Thus, nutrition might better be described as food management which includes the daily activities and resources necessary to obtain and/or prepare nutritionally balanced diets.

One of the alternatives which has been posed to lessen dietary or food management problems is that of a "meals on wheels" program or an in-home meals service.

Table H-9 N=690

If a program of hot meals were available in this community, would you be interested in participating?	yes	20% (140)
	no	73% (507)
	D.N.-N.R.	6% (43)

Of the 690 persons interviewed, 20% (140) expressed an interest in participating in a hot meals program. Caution should be employed in interpreting this "yes" response because the question stressed interest in participation, not commitment to participate. It is doubtful that if a hot meal program were started that all of the 140 who expressed an interest would participate. The question does, however, provide ample indication that there is a need for such programs in the counties under study.

The data at hand does not allow us to isolate a cohort specifically faced with "poor" diets. But the data does allow us to examine the life conditions and characteristics of those interested in a hot meal program.

On the question of marital status (Table H-10), there is again a strong tendancy for the non-married categories of individuals to desire to participate in hot meal programs.

Table H-10

Interested in Participating in a Hot Meal Program

Marital Status	Yes	No	Not Now Maybe Later	D.N.-N.R.	Total
Married	14% (45)	81% (270)	2% (5)	4% (12)	100% (332)*
Non-married	27% (95)	66% (237)	3% (12)	4% (14)	100% (358)
TOTAL	(140)	(507)	(17)	(26)	(690)

*Does not equal 100% due to rounding off.

Fourteen percent (45) of the married individuals said they were interested in participating while 27% (95) of those individuals in all non-married categories said they would be interested in participating in a hot meal program. Of a total of 140 people who said they would be interested in participating in a hot meal program, 68% (95) fell into non-married categories.

The number of persons living in the household compared to an interest in a hot meal program again points out the tendancy for non-married persons to be interested.

Table H-11

Would You be Interested in Participating in a Hot Meal Program?

Total number in household?	Yes	No	Not Now Maybe Later	D.N.-N.R.	Total
1 person	32% (90)	62% (176)	3% (8)	4% (10)	100% (284)
2 or more people	12% (50)	82% (331)	2% (9)	4% (16)	100% (406)
TOTAL	(140)	(507)	(17)	(26)	100% (690)

In Table H-11, 32% (90) of the people living by themselves said they would be interested in participating while in households of two or more people, 12% (50) said they were interested in participating.

For those persons living alone, the work to prepare a complete or adequate meal and the satisfaction gained from doing so is not the same as for those who have someone with them. When a meal is prepared for a spouse, it is something to be shared, as sustenance and as an experience. When one is living alone the "worth" of preparing meals declines for many. "Just anything" is very likely to be eaten.

The 12% (50) of households of two or more persons who are interested in a hot meals program are very likely households affected by health, transportation and convenience factors. For these persons a meal service may allow them to live independently in their own homes for a longer period of time.

Of all people interested in hot meal programs, 42% (59) were males and 58% (81) were females.

Tables H-12 and H-13 show the relationship of shopping convenience to interest in participating in a hot meal program.

Table H-12

Interested in Participating in a Hot Meal Program

Is it convenient for you to shop?	Yes	No	Not Now Maybe Later	D.N.-N.R.	Total
Yes	18% (101)	77% (440)	3% (15)	3% (19)	100% (575)*
No	36% (32)	56% (50)	2% (2)	6% (5)	100% (89)
D.N.-N.R.	27% (7)	65% (17)	0% (0)	8% (2)	100% (26)
TOTAL	(140)	(507)	(17)	(26)	(690)

*Does not equal 100% due to rounding off.

Table H-13

Interested in Participating in a Hot Meal Program

Would you like help in shopping?	Yes	No	Not Now Maybe Later	D.N.-N.R.	Total
Yes	45% (30)	47% (31)	3% (2)	5% (3)	100% (66)
No	18% (104)	76% (438)	2% (14)	3% (17)	100% (573)*
D.N.-N.R.	12% (6)	75% (38)	2% (1)	12% (6)	100% (51)
TOTAL	(140)	(507)	(17)	(26)	(690)

*Does not equal 100% due to rounding off.

Of those people who said it was convenient to shop, 18% (101) said they would be interested in participating in a hot meal program. Yet of those who said it was inconvenient to shop, 36% (32) said they would be interested in participating. A similar distribution is found in Table H-13. Forty-five percent (30) of those who would like help with shopping said they would be interested in participating. Of those who said they would not like help with shopping, only 18% (104) said they would be interested in a hot meal program.

It would be expected that those who would like store delivery would also be interested in in-home meals.

Table H-14

Hot Meal

Would you like store delivery?	Yes	No	Not Now Maybe Later	D.N.-N.R.	Total
Yes	30% (56)	65% (121)	2% (4)	3% (6)	100% (187)
No	16% (65)	79% (323)	3% (11)	3% (12)	100% (411)*
D.N.-N.R.	21% (19)	68% (63)	2% (2)	9% (8)	100% (92)
TOTAL	(140)	(507)	(17)	(26)	(690)

*Does not equal 100% due to rounding off.

Thirty percent (56) of those who said they would like store delivery said they would be interested in a hot meal program. Of those who did not want store delivery, only 16% (65) said they would be interested. These tables indicate that in addition to poor diets, difficulty in obtaining foods contributes heavily toward a desire to participate in a hot meal program.

Finally, in Table H-15, the ability of income and assets to satisfy needs is related to interest in participating in a hot lunch program.

Table H-15

Hot Meal

Do your income and assets satisfy your needs?	Yes	No	Not Now Maybe Later	D.N.-N.R.	Total
Very well	14% (34)	81% (197)	2% (6)	2% (6)	100% (243)*
Fairly well	22% (82)	73% (271)	2% (7)	2% (9)	100% (369)
Poorly	31% (21)	51% (34)	6% (4)	12% (8)	100% (67)
D.N.-N.R.	27% (3)	45% (5)	0% (0)	27% (3)	100% (11)
TOTAL	(140)	(507)	(17)	(26)	(690)

*Does not equal 100% due to rounding off.

Of those who said their income and assets satisfied their needs very well, 14% (34) said they were interested. Of those who said their income and assets satisfied their needs fairly well, 22% (82) expressed an interest and of those whose income and assets satisfied their needs poorly, 31% (21) said they would be interested in participating in a hot meal program.

In summary, it has become obvious that to speak of just nutrition as a need of the elderly is to operate within too narrow of focus. Poor nutrition is the symptom of other conditions. One's nutritional intake is intricately related to other life conditions such as transportation, health,

income, living companions, isolation, etc.

While it is apparent that those hardest hit by nutritional or food management problems are again, female, low income, alone, without transportation, and of ill health; these conditons differentially affect nearly all persons. The data shows that a need exists for some type of food management services throughout the area.

What are the alternatives to the food management problem? Because the food management problems are symptoms of other conditions, it becomes wise to think in terms of what alternatives would have the most wide-spread or largest benefit to the life situations of the persons involved. Different alternatives are appropriate for different living situations and living conditions. For some, an in-home service poses one of the most important services that would allow them to remain in their own home and maintain an independent style of living. The experience of many home delivery volunteers is that consumers quite eagerly await the daily visit of their meal carrier and enjoy the opportunity to exchange hello's. A side benefit to the participants is a certain comfort in knowing that someone will be coming each day. For others, a group eating plan offers additional opportunities for social contact. The eating time can be a time to meet friends an engage in recreational activities. This type of plan must take into account various transportation, health, etc., factors in order to operate well.

A food management service which offers many additional benefits is that of homemaker service. This service becomes vital in an area where persons are so scattered. The homemaker cannot only provide food management services but also special diet consultation, housekeeping services, some personal care, transportation, shopping help, and many other supportive services. It is this service which is perhaps the most important aid to furthering independent living that has been developed. With community support

these services could be made available to anyone who needs them through various funding methods such as fees, county funds, joint agency funding, etc.

In the most rural of areas, i.e., towns of 600 or less, where many of the elderly are located there is still an unmet need for food services. Here again, the programs with the widest benefit are wise. By their very nature, food service programs cannot operate over large distances. Thus, small isolated communities need to develop their own solutions. Present programs have not taken into account the minimal resources available to the residents of these small communities. Program regulations need to be flexible enough to allow these people to employ the resources they do have. Methods need to be devised to allow funding for such food service providers as schools, hospitals, restaurants, or individual citizens to prepare meals with a minimum of red tape.

Again, the most critical factor in the development or administration of any program will be that it be done with dignity. Elderly persons need to be involved in the planning and execution of such programs, and the programs developed must be managed in such a way as to allow people to maintain their pride and independence.

APPENDIX H

(Reference tables containing Nutrition data for each county)

Appendix H

Table 1*

Distribution of Responses on Nutrition Related Questions

Daniels County N=85

Do you have an electric, gas or wood burning stove?	yes	100% (85)
	no	0% (0)
Is it convenient for you to go shopping places?	yes	81% (69)
	no	16% (14)
Is it convenient for you to go to restaurants?	yes	34% (29)
	no	4% (3)
Are you able to go shopping as often as you would like to?	yes	73% (62)
	no	9% (8)
Would you like to have stores deliver items to your home?	yes	24% (20)
	no	59% (50)
Would you like to be able to call someone to help you shop?	yes	13% (11)
	no	85% (72)
In general, do you eat a good diet of food?	yes	94% (80)
	no	4% (3)
If a program of hot meals were available in this community, would you be interested in participating?	yes	28% (24)
	no	65% (55)
Would you like to have help with housework, including fixing meals?	yes	8% (7)
	no	92% (78)
Would you like information about such things as food stamps?	yes	7% (6)
	no	93% (79)
Did you eat the following kinds of food yesterday?		
a) milk, cheese, or other dairy products?	yes	95% (81)
	no	4% (3)
b) any kind of meat, including fish?	yes	94% (80)
	no	6% (5)
c) eggs?	yes	76% (65)
	no	24% (20)
d) green vegetables?	yes	92% (78)
	no	7% (6)
e) fruits or fruit juice?	yes	93% (79)
	no	6% (5)

Appendix H

Table 1*

Page 2

f) bread or other cereal products?	yes	98% (83)
	no	1% (1)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Appendix H

Table 2*

Distribution of Responses on Nutrition Related Questions

Phillips County N=80

Do you have an electric, gas or wood burning stove?	yes	99% (79)
	no	1% (1)
Is it convenient for you to go shopping places?	yes	80% (64)
	no	15% (12)
Is it convenient for you to go to restaurants?	yes	49% (39)
	no	2% (2)
Are you able to go shopping as often as you would like to?	yes	85% (68)
	no	6% (5)
Would you like to have stores deliver items to your home?	yes	29% (23)
	no	61% (49)
Would you like to be able to call someone to help you shop?	yes	12% (10)
	no	80% (64)
In general, do you eat a good diet of food?	yes	96% (77)
	no	4% (3)
If a program of hot meals were available in this community, would you be interested in participating?	yes	27% (22)
	no	71% (57)
Would you like to have help with housework, including fixing meals?	yes	6% (5)
	no	94% (75)
Would you like information about such things as food stamps?	yes	1% (1)
	no	99% (79)
Did you eat the following kinds of food yesterday?		
a) milk, cheese, or other dairy products?	yes	92% (74)
	no	6% (5)
b) any kind of meat, including fish?	yes	96% (77)
	no	2% (2)
c) eggs?	yes	77% (62)
	no	21% (17)
d) green vegetables?	yes	90% (72)
	no	9% (7)
e) fruits or fruit juice?	yes	86% (69)
	no	12% (10)

Appendix H

Table 2*

Page 2

f) bread or other cereal products?	yes	92% (74)
	no	6% (5)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Appendix H

Table 3*

Distribution of Responses on Nutrition Related Questions

Roosevelt County N=225

Do you have an electric, gas or wood burning stove?	yes	99% (224)
	no	0% (0)
Is it convenient for you to go shopping places?	yes	85% (192)
	no	10% (23)
Is it convenient for you to go to restaurants?	yes	40% (91)
	no	4% (8)
Are you able to go shopping as often as you would like to?	yes	67% (151)
	no	7% (16)
Would you like to have stores deliver items to your home?	yes	27% (61)
	no	60% (135)
Would you like to be able to call someone to help you shop?	yes	4% (10)
	no	91% (205)
In general, do you eat a good diet of food?	yes	92% (208)
	no	7% (15)
If a program of hot meals were available in this community, would you be interested in participating?	yes	15% (34)
	no	79% (178)
Would you like to have help with housework, including fixing meals?	yes	7% (16)
	no	93% (209)
Would you like information about such things as food stamps?	yes	2% (5)
	no	98% (220)
Did you eat the following kinds of food yesterday?		
a) milk, cheese, or other dairy products?	yes	92% (208)
	no	5% (11)
b) any kind of meat, including fish?	yes	96% (206)
	no	3% (7)
c) eggs?	yes	70% (157)
	no	27% (60)
d) green vegetables?	yes	71% (160)
	no	19% (43)
e) fruits or fruit juice?	yes	85% (191)
	no	8% (17)

Appendix H

Table 3*

Page 2

f) bread or other cereal products?	yes	95% (213)
	no	3% (7)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Appendix H

Table 4*

Distribution of Responses on Nutrition Related Questions

Sheridan County N-132

Do you have an electric, gas or wood burning stove?	yes	99% (130)
	no	0% (0)
Is it convenient for you to go shopping places?	yes	87% (115)
	no	11% (14)
Is it convenient for you to go to restaurants?	yes	48% (63)
	no	5% (7)
Are you able to go shopping as often as you would like to?	yes	80% (105)
	no	8% (11)
Would you like to have stores deliver items to your home?	yes	28% (37)
	no	62% (82)
Would you like to be able to call someone to help you shop?	yes	13% (17)
	no	77% (102)
In general, do you eat a good diet of food?	yes	95% (126)
	no	5% (6)
If a program of hot meals were available in this community, would you be interested in participating?	yes	23% (31)
	no	70% (92)
Would you like to have help with housework, including fixing meals?	yes	5% (7)
	no	95% (125)
Would you like information about such things as food stamps?	yes	2% (2)
	no	98% (130)
Did you eat the following kinds of food yesterday?		
a) milk, cheese, or other dairy products?	yes	95% (126)
	no	5% (6)
b) any kind of meat, including fish?	yes	95% (126)
	no	5% (6)
c) eggs?	yes	76% (100)
	no	24% (32)
d) green vegetables?	yes	83% (109)
	no	14% (19)
e) fruits or fruit juice?	yes	88% (116)
	no	12% (16)

Appendix H

Table 4*

Page 2

f) bread or other cereal products?	yes	96% (127)
	no	2% (3)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Appendix H

Table 5*

Distribution of Responses on Nutrition Related Questions

Valley County N=168

Do you have an electric, gas or wood burning stove?	yes	100% (168)
	no	0% (0)
Is it convenient for you to go shopping places?	yes	80% (135)
	no	15% (26)
Is it convenient for you to go to restaurants?	yes	38% (64)
	no	10% (16)
Are you able to go shopping as often as you would like to?	yes	66% (111)
	no	11% (19)
Would you like to have stores deliver items to your home?	yes	27% (46)
	no	57% (96)
Would you like to be able to call someone to help you shop?	yes	11% (18)
	no	77% (130)
In general, do you eat a good diet of food?	yes	93% (157)
	no	5% (9)
If a program of hot meals were available in this community, would you be interested in participating?	yes	17% (29)
	no	75% (126)
Would you like to have help with housework, including fixing meals?	yes	4% (6)
	no	96% (162)
Would you like information about such things as food stamps?	yes	5% (8)
	no	95% (160)
Did you eat the following kinds of food yesterday?		
a) milk, cheese, or other dairy products?	yes	91% (153)
	no	6% (10)
b) any kind of meat, including fish?	yes	94% (158)
	no	3% (5)
c) eggs?	yes	71% (120)
	no	25% (42)
d) green vegetables?	yes	74% (125)
	no	20% (34)
e) fruits or fruit juice?	yes	87% (147)
	no	8% (14)

Appendix H

Table 5*

Page 2

f) bread or other cereal products?	yes	95% (159)
	no	4% (6)

*Other responses to these questions not included in the above distributions include the other, no response, and don't know categories.

Appendix H

Table 6

Would You be Interested in Participating in a Hot Meal Program?

Daniels County

Town or Unit	Yes	No	Not Now Maybe Later	D.N.-N.R.	Total
Scobey	21	31	0	1	53
Whitetail	2	2	0	0	4
Madoc	0	2	0	0	2
Redstone	0	1	0	0	1
Flaxville	3	8	0	2	13
Peerless	0	5	1	1	7
Richland	0	3	0	0	3
Four Buttes	0	2	0	0	2
TOTAL					85

Table 7

Would You be Interested in Participating in a Hot Meal Program?

Phillips County

Town or Unit	Yes	No	Not Now Maybe Later	D.N.-N.R.	Total
Malta	11	42	1	1	55
Saco	4	12	0	0	16
Whitewater	1	0	0	0	1
Dodson	3	3	0	0	6
Wagner	2	0	0	0	2
TOTAL					80

Appendix H

Table 8

Would You be Interested in Participating in a Hot Meal Program?

Roosevelt County

Town or Unit	Yes	No	Not Now Maybe Later	D.N.-N.R.	Total
Wolf Point	17	44	1	1	63
Poplar	6	39	3	5	53
Brockton	0	14	0	1	15
Culbertson	5	43	2	0	50
Froid	5	20	0	0	25
Bainville	1	14	0	0	15
Ft. Kipp	0	3	0	1	4
TOTAL					225

Table 9

Would You be Interested in Participating in a Hot Meal Program?

Sheridan County

Town or Unit	Yes	No	Not Now Maybe Later	D.N.-N.R.	Total
Plentywood	11	38	1	2	52
Antelope	1	3	0	0	4
Homestead	0	7	0	0	3
Medicine Lake	7	28	1	4	39
Reserve	0	3	0	0	3
Westby	4	15	1	0	20
Outlook	7	0	0	1	8
Raymond	1	2	0	0	3
TOTAL					132

Appendix H

Table 10

Would You be Interested in Participating in a Hot Meal Program?

Valley County

Town or Unit	Yes	No	Not Now Maybe Later	D.N.-N.R.	Total
Glasgow	13	60	2	4	79
Hinsdale	4	21	0	0	25
Nashua	9	21	2	2	34
Frazer	6	1	0	2	9
Oswego	0	4	0	0	4
Opheim	3	12	0	0	15
Glentana	0	2	0	0	2
TOTAL					168